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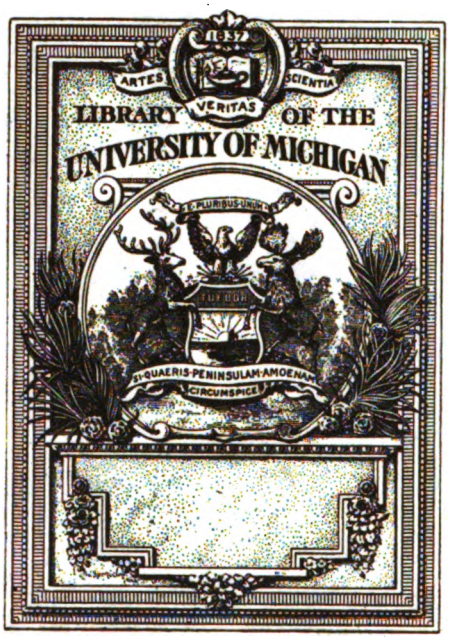

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OF

THE MEDICAL SUMMARY

March, 1912, to February, 1913

R. H. Andrews, M.D. Philadelphia, Pa. Editor and Publisher

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The Medical Summary

A Monthly Journal of

PRACTICAL MEDICINE, NEW PREPARATIONS, ETC.

R. H. ANDREWS, M.D., Editor and Publisher, 2321 Park Ave., Phila., Pa.

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OUR THIRTY-THIRD MILESTONE.

The editor of the SUMMARY takes a pardonable pride in heralding the fact that he has presided over the destinies of this journal for thirty-three years! During these years many changes in the practice of medicine have taken place, and our therapeutic resources have been in many ways greatly enriched. A great many fads and theories have had their little cycle of exploitation and then vanished. We have always in our journalistic career endeavored to pursue a conservative course, retaining all the old that is time-tried and true and adopting the new as rapidly as it is proven worthy of consideration.

And that is our policy for the future. The SUMMARY has never posed as a scientific journal *per se*. We endeavor to reflect the profession as it really is, not as it should be. Our space has ever been given largely to the clinical and practical side of medicine; it will continue to do so in the future. Our appeal is to the doctor on the firing-line rather than the academician. The SUMMARY will continue to be just as helpful and as practical as we can make it. We publish no long articles; we do not care to publish anything that is not *usable*. The SUMMARY was never so prosperous as now, and we owe our success to our great army of general practitioners who subscribe for it year after year. Our advertisers have stood by us nobly, and we thank them for their loyal support. In this connection we also wish to attribute a fair measure of the journal's success and usefulness to the faithful contributors to our reading pages. We pray for the continued support of all these during the years to come. In the language of the immortal Rip Van Winkle, "May you live long *and* prosper."

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A NEW (?) REMEDY.

Man in the uncivilized, primitive state believed that he could acquire some of the strength of a brave and powerful foe by killing him and feasting upon his heart. Some sort of extract has been derived for medical purpose from almost every organ and tissue of the human body. Some few of these—not very many—may exert some benign therapeutic action. We have just read of some scientist who has been employing the fluid drawn from a hydrocele for the purpose of arresting hemorrhage. It is also claimed to be a diuretic and to inhibit microbic action. It can be injected into the peritoneal cavity, but we are told that more than one good, stiff dose may cause "anaphylactic reaction"—whatever that is. We don't know what it is; more we don't care. Not that we have the least desire to belittle any scientific achievement. But honest, doctor, would you care to have hydrocele juice squirted into yourself or any of your family?

A DOCTOR'S STORY.

We hear a good deal said of the ingratitude of people toward the doctor; he is so often underpaid and if he makes a mistake it is too often taken advantage of by some unscrupulous person. Again, when the physician is unsuccessful so far as saving life is concerned or otherwise conducting the case to a satisfactory termination, too often he is the recipient of adverse advertising. Too often a doctor's reputation has suffered over little matters when he was putting forth his most earnest and conscientious efforts. To further illuminate this text, we present this experience of the venerable Dr. C. A. Bryce, editor of the *Southern Clinic:*

"A number of years ago a gentleman, whose home was in one of the upper counties of this State, came to us for relief from organic stricture. He was the brother of a physician of some prominence, and, as well we remember, brought a letter from him, requesting us to do all we could for him in every way. The man was a lawyer by profession, but held some office in this city at the time he placed himself in our care. After offering him the various operations he asked us to divulse his stricture, and not to give him an anesthetic. He was very fearful of pain, but more so of chloroform or ether, and we compromised by giving him a tablet of 1/6 of a grain of morphine, and a drink of whiskey about a half hour before operating. The operation was ideal, so far as such a rough procedure can be called ideal, for there was no hemorrhage, the fibrous bands giving away without injury to the mucous membrane, and full 28 to 30 F. sounds passed easily into the bladder.

"Just as we were leaving him, in fine shape, at 11 o'clock in the forenoon, he said: 'Doctor, I'm going to take the other tablet; I'm afraid I'm going to have some pain after you all are gone.' (The late Dr. J. R. Nalle was with me and ably assisted me.) We advised him not to take it, but there being only one tablet of 1/6 grain of morphine, we felt it would not amount to anything if he should take it, as he could have only 1/3 grain in all. We promised to see him before bedtime, and left word with his mother, who was the only person in his room, to let us know if anything occurred to demand our attention before our visit. His mother was quite an aged lady, and it seems was spending the winter in the city to be with her son, and on this occasion was his only attendant.

"About 7 o'clock in the evening a gentleman rushed into our office and urged us to hasten to see the patient upon whom we had operated that morning. He added that he believed that he was dying. We found the man cyanosed, pupils contracted to mere points, and respirations reduced to four or five per minute. He was dead in ten minutes.

"Somehow on these occasions a room is soon filled with friends, idlers and curiosity-struck people, and it seemed that as this unfortunate man drew his last breath the room and hallway were literally packed, and all wanted to know what was the cause of his death. We never felt worse about a case in our life. It was a shock to us, and we questioned ourself as to the possibility of an error on our own part, as any physi-

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cian would have done at the first moment. The case was plainly one of some narcotic poisoning. We told the people that in our opinion the man died of opium poisoning, and if he only got what we gave him, he died from 1/3 of grain of morphine administered by us; but we believed he got something else besides what we gave.

"While no one had said directly that we had overdosed our patient, it was pretty generally understood that our mistake had killed him. We were puzzled over the matter, greatly worried, and finally concluded that the poor fellow must have died from susceptibility to small doses of morphine. We got the credit of a terrible mistake, which spread very rapidly over the city. We wrote a full history of the case to his brother (the doctor) and expressed our sorrow over the event. He did not have the decency to reply to our letter. When we mailed him a bill against the estate of the deceased, we received just this reply from his brother: '——— left no estate.' This is all the thanks and all the pay we ever received for our sympathy and our services. Now here is the hard part. Several months after this tragic ending, and after we had suffered in mind and in loss of practice, the gentleman at whose house this man died came to us and said that he couldn't stand it any longer keeping a secret which we should know. He said: 'I'll tell you what killed K——. He sent out after you left, and bought a quart of brandy and drank nearly all of it before they sent for you. Brandy killed him, not your medicine.' That man and the relatives knew the cause of the patient's death, and never lifted a voice to relieve our feelings or save our reputation, and finally beat us out of our bill. It is a mistake to sympathize with ingrates or to 'cast pearls before swine.'"

CARE OF THE SCALP.

Persistent attention is the price of a clean, healthy scalp and hair. Massage daily with the fingers and to the extent of loosening the scalp will make more toward a healthy scalp than any other routine. Healthy and clean hair cannot grow from an abnormal scalp. The hair roots and sebaceous follicles need a sort of passive exercise. The scalp should also be brushed daily with a suitable brush in all cases where dandruff or falling hair occurs. This should not, however, be overdone and to the extent of creating a soreness of the scalp. If the hair is too oily a preparation of salts of tartar or ammonia in some form may be applied occasionally. Usually the hair is too dry in abnormal conditions of the scalp and hair, so that a little vaseline or other oleaginous substance is occasionally indicated. The best hair tonics contain quinine. Capsicum, cantharides and other agencies are of value in many cases. The following makes an excellent tonic for falling and lifeless hair:

℞ Quinine sulphate.....3iss
Tincture cantharides.....3ij
Glycerin .....ʒss
Oil anise .....gtt. xij
Witch hazel.....ʒviij

M. Those who have had experience in this matter state that this tonic should be used every night for two weeks, after which the head should be washed in a suds made from green soap. The treatment should be suspended for about a week, and then resumed for another two weeks. This is kept up until the scalp becomse healthy and dandruff ceases, when the hair becomes glossy and ceases falling out.

A CORRECTION.

Top line, right-hand column, page 381, February SUMMARY, Dr. Bradley's address should have been Hamlet, instead of Hamilton. Also, the article on page 378, entitled "Pneumonia with a Sequel of Pleurisy," was written by G. O. Smith, M.D., of Odessa, N. Y., instead of Dr. Pons, whose article appears in the present issue.

PRURITUS.

Equal parts of eau de cologne and water applied on lint and kept moistened are of value; also the moistening of the skin with lavender water. A hot bath preceding these applications makes the remedies more effective. Lead lotions are useful

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"JUST ONE EXAMPLE."

In a scurrilous little article captioned as above, the *A. M. A. Journal* of February 3, takes a fall out of several of the better-class independent journals, the SUMMARY included. The above-named *Journal*, being an embodiment of all that is virtuous and holy, it simply throws a fit when it sees sister journals departing from the straight and narrow path. The "nostrum evil" is a thorn in the side of said *Journal* and its coterie of individuals who make its existence possible. It weeps and worries because it can not put all the nasty, unspeakable proprietaries out of business. From the perusal of its immaculate pages one would believe that the *Journal* hates nostrums and proprietaries like the devil hates holy water.

And still, let's try to harmonize a few of its inconsistencies. The *Journal* fairly turns its gorge at the mention of any preparation not approved by the Council of Pharmacy, yet these same preparations when christened by other names and given the stamp of approval by "those having authority," the *Journal's* esthetic stomach does not rebel. Its listerine must be called *Liquor Antisepticus*, and its antiphlogistine *Emp. Kaolin Comp.* All the time-honored proprietaries that have after years of faithful servitude proved their therapeutic worth and right to stay have been duplicated by the little clique who are endeavoring to tell physicians what they may prescribe and what they shall not. If the original preparation is wrong and its use by physicians unethical, why is it not wrong to duplicate it and call it by some other fanciful name? If one is wrong, both are wrong. Proprietary preparations that are truly meritorious will be prescribed by physicians in spite of all the censorships that may be placed over them. The proof of the pudding—you know the rest.

But the specific charge against the SUMMARY is for carrying an advertisement of Duffy's Malt Whiskey! Isn't that a heinous crime? That was the only thing in the SUMMARY with which the *Journal* could pick a flaw. We have ever exercised scrutiny in accepting advertising matter and do not carry such as is calculated to deceive. We believe that the majority of physicians at times prescribe alcoholics, so we may not after all be open to such violent censure for carrying this whiskey adv.

It is intimated that the SUMMARY and the other journals named are "advertising sheets." Well, advertising is a fine art these days, provided the articles advertised make good. With mighty few exceptions everything advertised in these pages is worthy and commendable; otherwise we would not accept them. But the SUMMARY is above all else a purveyor of practical information to practical physicians. Every issue is filled with this kind of matter. We cater to the general practitioner in a way that the *A. M. A. Journal* does not. Just this week an Ohio physician writes: "The SUMMARY contains more good helpful medicine in one number than the *A. M. A. Journal* contains in six months, weekly issues." Similar reports come to us constantly, which goes to show that we furnish doctors the kind of material that is really helpful in their every-day practice. Failing in its efforts to annihilate the promoters of laudable proprietaries the *Journal* is renewing its hostilities against the independent journals that carry advs. against which the righteous *Journal* has sworn eternal vengeance. As an after-thought, why don't the *Journal* and the Council get together and produce an imitation of the Duffy goods and ethicalize it? *Spiriticus frumenticus Americanus* might do.

"GRIP."

This term, like charity, is lacking in perspicacity and may cover a great many medical sins. Correctly speaking, we have no such thing as grip. At least scientists tell us that no specific causative germ is in evidence. Some of the somewhat benign microorganisms of other kind may, however, be present in the nondescript condition passing as grip. It would perhaps be well if this rather elastic, and sometimes convenient, term were expurged from our literature and colloquially dropped.

Pain in the feet is often ascribed to rheumatism when it is only due to weakness of the arch, and can be immediately removed by proper support.

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Leading Articles

Brief and practical articles, short and pithy reports of interesting cases in practice, new methods and new remedies as applicable in the treatment of disease, are solicited from the profession for this department. ¶ Articles contributed for the Summary must be contributed to it exclusively. ● ¶ Write plainly and on one side of the paper.

The Editor is not responsible for the views of contributors.

THE PURE FOOD LAW; HOW SIDE-TRACKED AND THE RESULTS.

By C. W. Canan, B.S., M.D., Ph.D.

When the pure food law went into effect there was general rejoicing by the people of this nation; and not only by the people of this nation, but by those of every nation that consumed any of our products. All agreed that this safeguard to the public's life and health had come none too soon, for the evil had assumed wonderful proportions. Millions of dollars were stored away each year by the manufacturers of the various food products, by doctoring refuse and spoiled meats that would have been an absolute loss. The people were overjoyed at the passage of so wise a measure. They said now when we buy a product and see the stamp of the pure food law upon it, we can consume without any further fear that bad results would follow. The Government stands between the manufacturer and the consumer, and the food must be right from this on.

The motive was good and the results would have been beyond human computation had not greed for rapid gain stepped in and caused justice to miscarry. That the law has been thwarted there is ample proof, and along many lines it is no more than a hoax fostered upon an over-confident public. While the bill was being worked through a close observer could have read the "handwriting upon the wall." But the fight was won for the masses, and it is a shame to a civilized nation that a law so potent for good had to be side-tracked almost in its infancy.

Let us look into this matter and see who thwarted it from its object, that of securing nonadulterated food for a hungry nation. For, as we will show later, it has been almost, and along some lines, absolutely shorn of its power.

Close upon the heels of its passage the plot was laid. The great food-producing factories and corporations, with their millions of dollars behind them, (made by doping refuse and half-decayed meats), saw at a glance that there was much larger profits in manufacturing impure food than they could ever make by producing it pure. Therefore some way must be discovered to clip the wings of the pure food law. This must be done in such a way that the Government, and especially those in its employ who so bravely and so heroically championed the cause, would not suspect their object. They claimed that if this new law was enforced to the letter it would precipitate a business panic, such as this country had not seen for years, and hundreds of business men would go to the wall. That there were millions of dollars worth of food either in process of manufacture or in the hands of wholesalers, jobbers and retailers. That it was better for the people to endure the old state or condition, say for one year, when in this time they could adjust themselves and turn out pure food, than to precipitate a panic in business that would be felt for years and years. The Administration was an easy mark, and the whole output for that year had the pure food stamp put upon it, and yet was the same adulterated stuff that the law was created to condemn. The people were duped again. Strange state of affairs there, but money in the hands of unscrupulous people can and do thwart the ends of justice.

Their success in this matter made them more eager for a second victory. This was to clip the wings of that most estimable gentleman, Dr. H. W. Wiley, the greatest champion of the pure food cause this country has ever had, and probably ever will

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have. They knew that he was no friend to their nefarious schemes. They fully understood that his knowledge of chemistry would be their undoing. Being chief chemist of the Agriculture Department, he was in their way. And yet they dared not oppose him openly. Therefore these powers for evil went to work in the dark. They openly praised Dr. Wiley's work in championing the pure food cause and wished that the country contained more men like Dr. Wiley. But they said that the food question was world-wide, that it was intricate, and that many difficult and perplexing questions arose; therefore no one man could always be right in his decisions of these mooted questions, no matter how learned he was or how unerring his judgment. That to decide the food question, for a nation like ours, to say nothing of foreign nations, whose tastes differed very materially there should be a board of chemists appointed to co-operate and advise with Dr. Wiley.

Those who could read between the lines saw the following: so that this board could over-rule Dr. Wiley's decisions. Ex-President Roosevelt, with all his will-power and self-importance, became "an easy hit," and appointed the "Remsen Board." Dr. Wiley soon found himself unable to protect the people from using adulterated and poisoned food. This Board has over-ruled his wise decisions and misinterpreting the law in many of its phases until the state of affairs are deplorable, and the pure food law has become a hollow mockery. The Government has been duped and Dr. Wiley and all those who championed this great cause have been handicapped.

Think of it, food placed upon the market bearing the Government stamp for purity, and at the same time containing adulterations and poisoning, rendering it dangerous to the consumer.

The reader will naturally ask, how does the writer know that such a state of affairs exists; that our food stuff is adulterated and that the label guaranteeing purity has become a jest, and is actually misleading to the consumer? Last summer the writer began an investigation, and the following are some of the discoveries he made:

Take the "poor man's butter," oleomargarine, and the pure food law would have us believe that we are eating nothing worse than cottonseed oil, when the fact is he is only eating from 15 to 25 per cent. of cottonseed oil; the remainder being made up of neutral lard, oleo oils and other refuse. Neutral lard is hot fat that has become so rancid that it is worthless and can not be sold for cooking purposes. Oleo oil is only another name for tallow and impure fats of cattle and sheep. This refuse is treated with chemicals removing the rancidity and rendering it odorless. This is called neutralizing. The chemicals used are injurious to the human stomach. When you remember that about ninety-five million pounds of this substance is consumed each year, and that it only cost about six and one-eighth cents per pound to manufacture, the object of adulteration can readily be seen.

The writer found ice cream that did not contain one-fourth of even poor milk. It was composed of lard, cornstarch, gum (bleached), glucose, flavor and coloring matter. One sample contained tallow and another soap. Many of the flavors used in ice cream and soda water were etherials, and the coloring matter used were analine dyes.

The cheap candies are as a rule unfit to enter the stomach of an ostrich, much less a human. The filled candy is the worst. Glucose, lard and tallow treated with sulphites to render them white and to remove all rancidity and odor enter into their composition. Many of the ornamental candies for Easter and Christmas are filled with the above and covered with cheap furniture shellac, into which chocolate has been mixed. Others are colored with the analine dyes.

Popcorn balls and squares were found stuck together with glucose whitened with sulphites, producing the sweet taste and causing the grains to adhere. One could hardly find a substance more indigestible than this popcorn, unless he would want to try brick-bats.

Benzoate soda, the sulphites, salyciiic acid, oxalic acid, coal tar products, and many others are used in adulteration of foods, not so openly as before the pure food law, but sufficient to become alarming. Some of the above-named drugs are

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used as bleachers, others as preservatives, and still others to remove rancidity, kill odor, and to restore the color to spoiled meats. A typical representative of this last class is a powder called "Jerusalem." In making hamburger steaks this powder is used to remove the odor and restore the bright red color to meat that has partially spoiled and turned black or dark.

Orkney Springs, Va.

CLINICAL EXPERIENCES WITH INTRAVENOUS MEDICATION—RESULTS AND TECHNIC.

By P. B. Thatcher, M.D.

(Concluded from the February Number.)

Mr. C. L., age 34.—Bad results of overwork. R. B. C. 4,980,000. Hem. 85%. Pale, under weight, indifferent appetite, smokes too much. Treatments September 7, 17, 27, October 17. Gained eight pounds after third treatment. Decidedly better generally. R. B. C. 5,500,000. Hem. 95%.

Miss H. G., age 19.—Anemia and acne. Frequent headaches, conjunctiva pale, painful scanty menses, no appetite. Treatments September 4, 14, 22, 29. Acne not improved, no headache after second treatment, menses normal, good appetite, feeling much better generally.

Mr. C. K., age 35.—Anemia and debility from overwork. Patient has been losing weight and appetite for past few months, mainly due to business worries. Becoming paler and more listless, until his wife insisted upon his consulting me. Treatments September 21, 29, October 10, 20. Patient gained one pound in weight each day for the first week. Weighed on the same standard scales at his office. Total gain in weight, 16 pounds. Entirely well.

Mrs. T., age 29.—Anemia and general debility. Patient had lost 12 pounds in weight; no appetite; frequent severe colds; headaches three or four times each week; pale, listless, unable to perform her usual household duties as she had been accustomed to do. Treatment September 21, October 1, 11, 18. Now feeling fine; good appetite and appearance; entirely well.

Mr. J. G., age 56.—Slight paralytic stroke 18 months ago. Patient appears to be in perfect health, fine appetite, but thought this treatment would help him, owing to the constant tingling he has, causing him to live in daily dread of another and more severe stroke, the previous one from which he has apparently completely recovered. Treatments September 28, October 10, 21, November 4, 14. Tingling and all other unpleasant sensations gone. Feeling fine, greatly pleased, and apparently entirely well.

Mr. A., age 70.—Complete prostration from grippe. Patient came most unpleasantly close to pneumonia. Death impending from resulting dangerous prostration, from which he was unable to rally. No reaction could be obtained by any supportive treatment. Cardiac involvement. Treatments November 27, December 4, 17. Wonderfully better after second treatment. Could not get enough to eat, and is now taking walks on the sunny side of the street.

Miss Y., age 38.—Chronic asthma, duration 15 years. This patient has had almost continuous disability from the stated condition for the above length of time. She was compelled to inhale some sort of dope every night for the three months preceding the first treatment, and often twice in the mornings. Treatments November 15, 21, December 1, 15. The night of the afternoon on which she received the first treatment, she slept all night, which was the first for three months. She has only had to smoke five times since the first treatment, one of these occasions being after she had ironed all day because she was feeling so much better.

Mrs. D., age 52.—Typical neurasthenia; imaginary ills. Two treatments at weekly intervals. Patient then decided not to continue treatment, as she felt so much better that she was afraid her heart would not stand it. These are almost her exact words. She complained of feeling better.

Mr. S., age 26. Pulmonary tuberculosis. Referred by Dr. Riegel, who verified diagnosis. Patient had been advised to seek another climate. In addition to usual condition, complained of complete loss of sensation in total anterior part of one foot, from center of foot downward. Pain in thigh of same leg. Treatments November 27, December 4, 11, 18. Complete return

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to normal of foot and thigh. Gain of three pounds after first treatment. Now gaining steadily, is greatly encouraged.

It will be noticed that in only two of the seventeen cases reported, was it possible to secure a blood count. This is due in part to the fact that we have no clinical laboratory in this part of the city, and patients will not go into the center of the city for this purpose. Others object on the ground that the prick of the needle when securing the blood is more painful than taking the treatment. This lack of accurate scientific data will be obviated in the future, as our facilities will enable us to have a blood count made as a matter of routine in the treatment, through the adjoining laboratory to our new offices, of Mr. John Hicks, who is specializing in this work.

Physicians deciding to use this solution should carefully and exactly follow the simple technic herein described. Any results causing discomfort of any kind to the patient, are invariably due to carelessness or ignorance in the technic, with the exception of those cases where the vein proves to be unexpectedly too small.

TECHNIC.

In the administration of Bannerman's Intra-venous Solution, it is absolutely essential to use an all-glass syringe, in order that the blood may be visible in the syringe, which proves that the needle has properly entered the vein. A five-eighth inch, twenty-seven gauge needle is used. This is the smallest gauge needle made.

The largest vein in evidence is selected, usually one at the elbow, the median basilic if possible. The arm at the point of the proposed injection is cleansed with alcohol. Pressure is applied above the elbow by means of a *twisted* cloth, causing greater firmness and prominence of the vein. Never tie the cloth, as it is then impossible to release the pressure after the needle has been placed, without great danger of displacing the needle. The needle is firmly attached to the syringe, the plunger withdrawn, the syringe inverted, and then filled with the desired dose, the average being 10 c.c.

The plunger is then replaced, and all air carefully excluded from the syringe, which is then grasped by the thumb and forefinger of the right hand on the barrel, with the middle finger jammed against the plunger, where it enters the barrel of the syringe. This is the correct way of holding the syringe when entering the vein. The force is exerted by the thumb and forefinger on the barrel, while the middle finger prevents the plunger from slipping either way prematurely.

The needle should be wiped dry with sterile cotton just before puncturing, in order to avoid the irritating effects of the solution to the subcutaneous tissue, causing a bruised effect.

Entrance should be effected *slowly*, with the arm dependent, fist of patient clenched to tighten vein, and the syringe below the point of insertion. This position of the syringe will allow the blood to flow down through the needle into the syringe, as soon as the vein has been entered. Until this dark venous blood is plainly and unmistakably seen in the nib and barrel of the syringe, the injection *must not* be started. If the blood does not appear, withdraw the needle and try again. The angle of insertion must be calculated so as to bring the needle into the lumen of the vein. Do not fish around too much trying to locate the vein with the needle inserted, as this will cause more or less laceration to the tissues, with subsequent pain and soreness of the arm. Go straight in and straight out, as nearly as possible.

When the needle has entered the vein properly, as is plainly demonstrated by the presence of the venous blood in the syringe, the pressure above the elbow is *carefully* and cautiously released, in order not to displace the needle. The left hand of the operator then supports the syringe, and his right hand is carefully shifted to the position for injecting, care again being taken not to displace the position of the needle. The position for injecting is in having the first two fingers of the right hand of the operator gently pulling against the finger stirrups on the syringe, while the thumb of the same hand *slowly* drives the plunger down.

A most important point is this: This solution must be given as slowly as possible, the plunger barely moving, and fully three minutes being required for the entire injection. If the solution is given too rapid-

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ly, bulging of the vein occurs, with pain to the patient, the vein will not take up the solution, and it will be necessary to withdraw the needle, and select another vein.

This will even occur at times when all apparent precautions as to rate of speed have been taken, and the patient may be informed accordingly, also of the fact that it is not always possible to strike the vein at the first attempt. Should the vein entered prove to be too small, or the injection be given too rapidly, and this puffing of the vein result, no fear need be felt as to any harmful results whatever. The pain, however, is quite severe for a few moments, and the patient does not hesitate to tell you all about it. This solution should *never* cause the slightest pain while being injected, and when such occurs, the treatment must be immediately stopped, and hot compresses applied. The same severe burning pain is usually felt when the solution is going into the tissue adjacent to the vein. Neither patient nor operator should feel discouraged at these small mishaps, as they will occur in the best regulated families. This does not apply to the solution being given hypodermically, for which there is no excuse.

At the conclusion of the injection, the plunger of the syringe is pulled back slightly before withdrawing the needle. This will fill the needle with blood, of which a small amount will be deposited under the skin when the needle is withdrawn, instead of this amount of solution, thus avoiding the bruised effect of the solution on the tissue external to the vein.

Apply six or eight hot compresses as soon as the treatment has been completed, or instruct the patients to do so as soon as they return home.

The patient should receive the treatment in a reclining position if any symptoms of nervousness are apparent. The writer fainted when he was vaccinated, which is about the limit for imaginary foolishness.

After one or two treatments, however, the patients will come into your office, roll up their sleeves, take the treatment sitting easily on a chair, and go on their way rejoicing, thinking less about it than the removal of a cinder from the eye. The taste of the creasote is usually almost immediately noticeable, followed by a warm flush throughout the body.

Care is taken in withdrawing the needle, which is done rather slowly to avoid any remote possibility of air entering the vein through the minute puncture. A small pledget of sterile cotton is pressed lightly against the skin at the point of withdrawal. As the needle leaves the vein, the skin immediately covers the tiny puncture, and the cotton in turn protects the small puncture in the skin.

Any discoloration or slight soreness of the arm will disappear within the course of a day or so. When the above technic is carefully followed, there will usually be nothing unpleasant noticeable. Great care must be taken that the point of the needle does not become dislodged after the injection has been started, which could easily occur by a sudden unexpected movement of operator or patient. The proper position of the needle in the vein can always be verified at any time, by stopping the injection, and slightly pulling back the plunger, when the blood should again appear in the syringe as at first.

Since needles corrode easily, causing difficulty in penetrating the skin, a new needle should be used for each treatment.

If this solution is given hypodermically, in any considerable amount, a local abscess will surely develop. While very unpleasant to the patient, it is local in character only, and cannot cause any general septic condition.

As a perfectly constructed syringe is essential for safety and success in this type of intravenous work, I have no hesitation in here stating that Mr. Frank B. Ross, of Fifty-second street and Haverford avenue, Philadelphia, has had a 10 c.c. Luer all-glass syringe made especially for this work. The price of this syringe is $4.50, including metal case and two needles. The William Bannerman Co., Chicago, supply an equally good syringe. This announcement is made in the interests of those contemplating the use of this solution. Other syringes on the market have been found to be unsatisfactory and dangerous for this work.

Conclusion.

The free highway of the blood current is the coming carrier for certain desired re-

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sults in definite medication. This logical conclusion has now been reached by investigators of authority, both here and abroad. It should be a matter of some pride to us, that we are enabled to use a method which is now in the very forefront of medical progress.

In the Glasgow *Medical Journal*, Dr. Thomas W. Dewar reports the germicidal effects of iodoform used intravenously in phthisis. He states that this action may be due to "the excitation of the micro- and macrophages of Metzhnikoff, aiding their phagocytosis at the point where the defence is crumbling." This would apply with equal force to the creasote in this preparation, which has the additional great advantage of being nontoxic.

A phase of this treatment presenting interesting future possibilities is that relating to the prevention of a possible coming illness in those who are worn out with the ceaseless business grind, or social whirl. The response to these treatments in increased vitality offers great promise of relief for this class of cases.

So far as that chronically pessimistic portion of the profession is concerned, who look with dull foreboding upon the advancing march of medical progress, and who are buried neck deep in the rut of "things as they are," I fully realize that they will undoubtedly presume to condemn something of which they know nothing. Elbert Hubbard has aptly said with reference to the narrow minded man, that "what he is not up on, he is down on." When the Wassermann test was announced it was scoffed and derided, which did not prevent it, however, from soon being universally recognized. When Harvey announced the discovery of the circulation of the blood, many members of the profession at that time were strongly in favor of having the death sentence pronounced upon him.

Dr. Hackney and myself have now given this treatment close to four hundred times, with no bad results whatever. We have taken the treatment ourselves and have given it to our families. Including Dr. Harrower, we have not one cent's worth of stock in the William Bannerman Co., and we all pay precisely the same as anyone else for all the solution we use.

I have frankly presented this paper with the earnest and sincere wish that you obtain for yourself and your patients the same results we have secured, if honest investigation proves our statements to be true.

Apropos of him who doubts and does not try to know, *American Medicine*, June, 1911, states: "Too much skepticism is not wise at the present day. The impossibilities of yesterday are well established phenomena of to-day. It does not pay to deny the possibility of anything pertaining to the so-called natural phenomena, or life itself. To pause and consider the many things commonplace to-day, that a few short years were not only unknown, but actually beyond the mental grasp of our fathers, cannot help to make one hesitate to question the possibility of any occurrence dependent on or associated with natural phenomena. The discovery of some simple little fact, seemingly unimportant, may render a whole group of phenomena comprehensible, and these in turn may make a whole chain of erstwhile mysteries and apparent impossibilities so plain and commonplace that one will be less amazed at the new discoveries than at the failure to grasp them before."

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DIAGNOSIS.

By D. L. Field, M.D.

A physician can't be too careful and painstaking in his efforts to arrive at a correct diagnosis. The best of us are often stumped, or may be much mistaken. I had a case which I felt sure was either gallstones or catarrhal jaundice, and after a good while of futile treatment he died. The autopsy revealed a twelve-pound liver and a three-pound spleen. How was that for a diagnosis? However, he would not have recovered, anyhow.

Another case I treated for Bright's disease, but a chemical and microscopic analysis proved my mistake, and I found that his blood pressure was 230 degrees. Cutting him down to spare diet, with no animal food, and using eliminants, he is rapidly improving and I expect to bring his blood pressure down to 150 degrees. I used hot baths also.

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I was called to see a woman, whom another physician had been treating for a good while for gaseous distension of the abdomen. I promptly informed both herself and husband that I believed she had ovarian tumor, with dropsy of the sack. I called the late Dr. Cartledge, of Louisville, who was an eminent surgeon, and he soon after operated, removing an ovarian tumor which filled a foot tub. She is now in fine health. I was right that time.

Several years ago a man and wife removed here from Scott county, and she was there treated for cancer of the stomach. When I saw her here I thought she was so diseased. She became bedfast, vomited the offensive stuff almost constantly, and all I could give her was milk and lime water, which would not stay down long. The odor from her breath was so bad that I sprayed the room and bed with deodizers. I had no hope of doing her any permanent good by treatment, and gave morphine hypodermically for gastric pain. I was sure she had an advanced case of cancer. In order to deoderize her breath, as well as anasthetize the nerves of the stomach, I began giving her small doses of carbolic acid, two drops in a tablespoonful of water, about every three hours. I had not given it very long until it eased her pain so much that I ceased the hypodermics. In the course of three days her sick stomach and vomiting ceased. Later the milk and broths stayed down. I continued carbolic acid in drop doses for three or four weeks, and she got entirely well, and I have seen her eat about anything she pleases. That was ten years ago, and she is in fine health today. Of course, it was a gastric ulcer, and the steady perseverence with the carbolic acid healed it. I was simply mistaken in my diagnosis, and didn't expect to cure her.

My late father and myself went seven miles into the country to see a young man, whom the attending physician diagnosed as consolidation of the left lung, following pneumonia. He pronounced the case hopeless. We met the M. D. in consultation, and on examination found a pleural abscess, which was evacuated by thoracentesis, the patient discharging two wash-panfuls of pus. Drainage was kept up for a good while, and that man is in fine health and carrying on successful farming.

Two more cases of the same character: Twenty years ago I attended a young lady with a severe attack of pneumonia, and in time I discovered that instead of pneumonia she had pleuro-pneumonia, and it was succeeded by a suppurative pleuritis. One of the worst cases. I called Dr. R. O. Roberts, of Louisville, who astonished me by saying he thought by a certain line of treatment the case would recover. I told him if he didn't intend to operate, I would go to another surgeon. He then said if I insisted he would come over the next day and operate. He came, and was surprised to find a washbowl of pus. I kept up drainage on the case for several weeks, and every morning I washed out the pleural cavity with a solution of permanganate of potash. She got entirely well, and to-day she is stenographer for the Kentucky Oil Co., at a salary of one hundred dollars a month.

Another: The son of a prominent citizen was affected with suppurative pleuritis, and in due time, in spite of all my efforts to avert abscess, it ensued. I called a physician, of the choice of the family, from Louisville. The mother of the boy was a graduate nurse before marriage, and I explained to her the boy's condition, and informed her of the necessity of operative procedure to save his life. Naturally she dreaded the necessity. The doctor came, and before examining the patient I detailed the history of the case, and the therapy followed. He then examined him, and to my utter amazement stated to the family that he believed the inflammatory product could be absorbed away, and that they should take him to Palm Beach, Fla., where he could be kept in the open air. When we returned to a private room I expressed my surprise that he should make such a recommendation in case of a boy with hectic fever and pleural abscess. He replied that he didn't regard the case as having gone so far as to form an abscess, but it was rather a case, perhaps, of hepatization. This occurred at 9 o'clock A. M. In the evening I called to see the patient, and to my surprise the mother was packing a trunk for the trip. Said I: "Is it possible

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that you think that boy would live until you got him to Florida? I tell you that he cannot be removed from here until I say so, unless you disregard my prognosis or discharge me from the case." I told her to send her husband to my office. I told him what I had told his wife, and he said: "What you say goes." To be brief: I called Dr. V., a Louisville surgeon, who opened the cavity, and the result was a gallon of pus. The boy is now in splendid health.

Jeffersonville, Ind.

A PLEA FOR THOROUGH SYSTEMATIC STUDY OF THE MATERIA MEDICA AND THERAPEUTICS.

By Finley Ellingwood, M.D.
Editor of Ellingwood's Therapeutics.

It is a generally accepted fact among those who pay any attention to the development of the study of the curriculum demanded of medical students, that there is altogether too great neglect, at the present time, of the study of materia medica, and that the study that is demanded is cursory, desultory and entirely devoid of attraction to the students.

Physicians themselves, being asked to take an introspective view of their own knowledge of the materia medica, if they are honest, in the majority of the cases are overwhelmed with their own ignorance of the detail of specific or exact action of drugs. Many of them blame their alma mater, and those that should lead in medical knowledge, for this ignorance; but I am inclined to think the individual himself is much to blame as well.

The total profession has made marvelous advancement in the last three or four decades in the study of microscopy, bacteriology, pathology; in the development of laboratory methods of drug study, in the study of preventive medicine and of surgery, but in doing this the individual spent so little time upon the all-important subject of materia medica and therapeutics that he actually in many particulars knows less of drug action to-day than he did thirty years ago. I say this advisedly and regretfully, but the individual physician is not as much a student of materia medica to-day as he was in the past, because the study then of materia medica was accounted the most important branch. It was not overshadowed by surgery and the so-called scientific branches. To the physician then, the all-important knowledge was to know *what medicine* to give to his patient when ill, that would *cure*.

The study of this subject is difficult. It demands concentration; it demands persistency, and unless applied to the immediate needs of the patient—unless we can make immediate application of the knowledge acquired, it is startingly devoid of interest. It is not exact, and every student delights in exactness. But why is it not exact? It is because our total knowledge of the subject in the first place is imperfect; secondly, the study is not conducted in systematic, precise, scientific lines. It is not properly classified or arranged; the study is not made, consistent with any exact principle of drug action.

My object in writing this paper for the Medical Summary is to attract the attention of the readers to a renewed study of the action of drugs; to the study of drugs in line with a principle at once exact, rational and attractive, and to encourage persistence in this study, in these lines, until the student shall have acquired a knowledge and an experience, that in itself will stimulate him to a most enjoyable persistence in the study, and will enable him to say that there is in this study when correctly conducted, a fascination that no other study possesses.

I have been trying to teach for many years the following facts: The real reason disease is not cured is because *we have not the knowledge of drug action* necessary with which to cure it, or conversely that failure to cure disease is due to lack of knowledge;

That disease will ultimately be subdued, in whole or in part, by remedial measures;

That doubt concerning drug action is a deadly foe to therapeutic progress;

That the study of the clinical action of the single drug *is the only true method* of drug study;

That each drug acts directly and invariably upon one or more exact conditions of disease, and, being so studied and known,

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an exact reliable knowledge of drug action is obtained;

That when this knowledge is perfected we will not only prescribe for known conditions of disease with immediate success, but *we can prescribe with equal success for conditions we have not previously met.*

We begin our study then with a systematic analytical study of each disease in order to determine those conditions which are involved, in the patient we are studying at this time.

We determine a knowledge of these conditions, and an ability to recognize them whenever we find them, in whatever disease they may occur. We then determine what single remedy will always meet each one of those conditions and correct it. Here is the whole thing in a nut-shell, and really this is all there is to it, as this includes a thorough knowledge of the remedies, also with reference to their action upon exact conditions, as stated above.

I trust each reader will read and re-read these statements until he has them clearly impressed upon his mind, and will weigh them fully with reference to his own methods of studying the action of drugs, that he may compare the beauty of this method when completed with any other known method.

It must be accepted at once that *this is the only correct method* of drug study. If we prescribe compounds because the manufacturer has advised them for certain conditions, we acquire no precise knowledge of the action of the constituents of that compound, and our prescribing is haphazard, uncertain and largely guess-work. If we should by close study know the invariable therapeutic properties of each one of the constituents of that compound, we are enabled to determine whether the total compound is applicable in the case required, or whether one or two of its constituents would not work even better, or whether it is not totally inapplicable.

But if we understand drug action as above specified we will seldom, if ever, find an excuse for prescribing a compound, especially one prepared for general conditions, but we will invariably find demands in the condition present in the patient we are prescribing for, for one, two or three single remedies, of which we feel confident, and will thus promptly make a perfect adjustment to the case in hand.

This is the course we adopt in every patient, and this is the course we will adopt when we have learned our drugs, and studied specific conditions as above suggested, and when we adopt this course, the results obtained will be so satisfactory, the observations made will be so rational and consistent, and the confidence we will acquire in the knowledge we have so obtained will be so much in advance of any knowledge previously acquired that the real fascination of this method will impress itself upon us, and in the future we will find ourselves willing students of the specific method of drug application.

Applying this method to the study of well-known drugs, every student is surprised at the amount of knowledge thus obtained, concerning the action of some very common remedies—knowledge of actions he had no idea could be present in that drug, materially broadening the field of the drug and increasing its value to the prescriber, in some cases a thousand-fold.

Furthermore, those who have been developing this method have made observations of a great many drugs that are seldom mentioned by the principal medical journals, or prescribed by the profession at large, and which are but little known, or are spoken disparagingly of by the Committee on Pharmacy and Chemistry of the A. M. A., but which possess values when studied in this line, actually superior to very many drugs, upon which volumes have been written, as standard drugs, and as those which could not be done without.

Many of the readers of the SUMMARY have learned something in an empirical or a general way concerning the action of digitalis or aconite, strophanthus, or quinine, ergot, nux vomica, belladonna, ipecac, gelsemium, turpentine or jaborandi as common remedies, but it is certain that studying these remedies from a specific standpoint, we have an entirely different study, and one which brings out beauties not before anticipated. Added to this, every individual should study from this standpoint Echinacea, baptisia, berberis, hamamelis, viburnum, mitchella, collinsonia, dioscorea,

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colocynth, iris, chionanthus, podophyllum, sanguinaria, asclepias, sticta, euphrasia, lobelia, apocynum, cactus, crataegus, calibarbean, pulsatilla, hyoscyamus, rhus tox, and perhaps one hundred and fifty others that I could mention, and he would be surprised beyond measure at the knowledge that would develop, and in the ability he would have in the knowledge acquired, to cope with disease in a satisfactory manner, far exceeding anything he had ever hoped or known.

It is to encourage a study, as I have said, in these lines, of both the old and the new materia medica, that I am writing this paper. It is to disparage the common use of compounds and general pharmaceuticals, used with the hope only that they will cure the conditions for which they are prescribed, when a knowledge of exact drug action will enable the prescriber to absolutely know, without doubt, what will cure his patient; will make him able to cure the condition with positiveness and assurance, thus establishing the confidence of his patrons in his ability, first, and secondly, which is indeed most important, to establish their confidence in the fact that disease can be cured with the measures accessible to the physician.

Ignorance of drug action, and doubt—therapeutic nihilism—has directly undermined the confidence of the people, until the drugless methods of cure are now sought for and adopted by at least thirty per cent. of the population of the United States: until the surgeon is in demand only, to any great extent. Faith in these drugless methods cannot endure; they are auxiliary only. Let us at once re-establish the faith of the masses in correct drug action.

While I thus urge this method upon the individual physician, this knowledge cannot be acquired at once; to become an efficient prescriber one must be drilled in this study through a long period. I think it is necessary also that he forget much of the desultory knowledge,—many of the unsystematic, empirical facts he has previously known.

To have this method properly woven in with the web and woof of his total education, it should be begun with his first day's teaching in college, and should be continued with every day's instruction during the entire course. It is a deplorable fact that so little materia medica and therapeutics is systematically, clinically, and thus practically taught in any of the colleges, and I fear there will not be much improvement in this course until the individual practitioner, and the profession as a body, persistently insist upon a more thorough teaching of this all-important branch.

I would be gratified indeed, and I believe it would result in a most valuable discussion, if the reader of this paper would express freely his own opinions on this matter through the pages of the SUMMARY. All sides of the subject should be presented.

32 North State St.,
Chicago, Ill.

THE BENEFITS AND EVILS OF HEALTH FADS.

BY ERNEST F. ROBINSON, M.D.

It can safely be stated that no health fad has been without its basic idea of truth. Many of them have contained far more truth than error, and the evil they may have done has been less the fault of the fads than of the faddists. As is the case with religion, believers often go far beyond the teacher, and as the believer is seldom a thinker, harm is the result.

Diet ideas have formed the basis for almost innumerable fads. To mention one now almost forgotten, probably few persons are aware of the origin of the term graham bread. It came from a fad started by a man named Graham, who taught that bread made from the entire grain of wheat, hulls and all, was a cure for all disease. The fad ran its course and has been forgotten, but we still sometimes eat the bread, and we know that Graham was correct in the idea that, in some ways, flour made of the entire wheat grain is better than the so-called patent flour.

Among the diet ideas of to-day the two most popular are vegetarianism and Fletcherism. Some persons imagine these to be the same, which is far from the truth. The basic idea of Fletcherism may be stated as the art of getting all of the ef-

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ficient nutrition out of all the food eaten, be the kind what it will. To do this thorough mastication is a necessity. A second idea is that the true, unpampered appetite is the best guide to the kind and amount of food which is best for the individual. A Fletcherite may or may not be a vegetarian, but he is fairly certain to be a small meat eater and to need far less food than is considered necessary by the average person.

The vegetarian is opposed to the use of any animal food whatever. True, some use eggs and milk, but from a scientific viewpoint they cease to be vegetarians if they eat these. Some vegetarians go so far as to claim that fruit and nuts form the only perfect diet. Others claim that while all vegetable foods are good they must be eaten raw. The most valuable point which vegetarianism has taught us is the fact that it is not wise to eat so much meat as was once deemed a necessity. It is claimed that the practice of vegetarianism lessens the desire for alcoholic beverages. If this be true, it is certainly another strong point in favor. Vegetarianism has promoted the study of food values and educated many persons in this very essential class of ideas.

The weak points of vegetarianism are the tendency to carry the fad to excess and the fact that the intelligent practice of it requires far more care and study than most persons are able to give to it. This is true even of faddists, and harm results. To practice vegetarianism to advantage one must be a good deal of a food expert. When intelligently followed, there is no question that this practice can be made an exceedingly good thing. At the same time, the opinion of by far the larger part of the medical profession is that strict vegetarianism is not as wise as a properly balanced mixed diet. More than this, it requires less care and knowledge to properly balance a mixed diet than it does one composed wholly of vegetable foods.

Fasting may be classed among the diet fads, in spite of the fact that it involves an absence of diet. This idea is a very old one. It has even been a part of the practice of more than one religion. Nature herself often dictates it by the symptom known as loss of appetite. Animals fast almost absolutely when ill. The idea, then, is both natural and scientific. If practiced as it should be, merely until a natural appetite is attained, it can do no harm and is reasonably certain to do good. Few fads have been carried to such foolish and even insane excesses as this one. There is nothing either natural or scientific about prolonged, unnecessary fasts, yet in some cases it has been necessary to stop them by legal measures. In others death has been the result.

One of the present fads is the open-air fad. The success of this in the treatment of tuberculosis has done much to make it popular. As a treatment for this disease there is no longer any doubt of its value, but as a fad it is becoming a serious question whether it does more good than harm. While it does aid in the cure of consumption, when intellectually used, it is often used so unintelligently as to place patients in danger of pneumonia. It is well worth while to consider the fact that while the death rate from tuberculosis has been decreasing, that from pneumonia has been on the increase. Pneumonia kills far more rapidly than tuberculosis, and it is folly to place a weak consumptive patient in danger of the more fatal disease, in the mere hope of curing the less fatal. Moreover, open-air living is only a small part of the proper treatment of tuberculosis. Absolute rest, proper nursing, medicines, and what may be called intelligent stuffing are even more important factors. Fresh air will not cure the consumptive who is improperly nourished and who must use up his energy in work faster than he can make it.

This open-air fad has done good by showing us that it is possible to cure consumption, and especially by setting in motion the social forces which will, in time, give us the power and money necessary to wipe out this disease, and probably pneumonia with it. Probably the harm that this fad does is a necessary factor to the spread of the knowledge it teaches. Doubtless this is true of all fads. Ideas, like men, must be made to work in order to prove their value. Fads are often scientific knowledge in the making.

Bath fads are numerous and of various

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degrees of usefulness and harm. The one best known is the cold bath idea. Carried to excess, this results in winter bathing through the ice and like idiotic ideas. There are constitutions strong enough to stand even this abuse, but if all persons were to try it, it would kill nine out of ten. The virtue of the cold bath lies in its tonic effect, when it has one, which is not by any means always the case. It requires a constitution with more or less vigor to react properly to the stimulus of cold. With a weakened nervous and circulatory system, exactly the opposite effect is often the result. Unfortunately nervous patients, the ones most likely to be harmed by such baths taken without intelligent supervision, are exactly the ones most likely to adopt them and to get harmful results. The idea that all persons can be hardened to cold bathing is sheer nonsense. All those who live may become hardened, but how of those who are killed in the process?

Warm baths also have their uses, and the various degrees of heat can be made to accomplish many things when properly used. Water is simply the medium through which the required degree of heat is applied. There are few treatments which require a more scientific knowledge of cause and effect, in order to obtain results and prevent harm, than the use of baths.

Physical culture, exercise, is so nearly a religion that it is almost heresy to criticise it. For all this, as a fad, it does a vast deal of harm. In the young, where vitality is high, exercise is a necessity, but all that is needed is obtained in the form of play. Adults who do no work must exercise to retain good health. All men who work, as nature intended that all men should do, get all the exercise they need. Even where such work is largely brain-work it is a debatable question whether physical exercise adds anything to the working output. It is certain that the amount of exercise taken by brain workers should be strictly limited, in order not to use up nerve force which could be better employed in mental effort. The truth of the matter is, that the part of the body a man should make strong is the part he must use in his daily life. Not only does he gain nothing by developing those parts which he can not and will not make regular use of, but he makes them a source of danger at some future time. A sane mind in a sane body is an excellent thing, but the most vigorous bodies do not contain the best brains by any means. One of the best things the physical culture fad has caused is the reduction of the use of alcohol, tobacco, tea and coffee. This is good work. The exercise itself, in moderation and when used with intelligence, is certainly of service to many persons. Those who try to teach that it will prevent and cure all diseases are simply fools or fakers.

The fad called New Thought is some thousands of years old. That suggestion, auto-suggestion, concentration, and the like, are of value is strictly true, and has been known for untold ages. That they will accomplish every possible desire, if you only desire it hard enough—and this is practically what is claimed—is unmitigated rot, and any one with an atom of sense, or even a sense of humor, ought to realize it. Some such "healers" even claim to be able to raise the dead. If we are to believe that sort of foolishness we might as well go back to the days of witchcraft and be done with it. It is true that, up to a certain point, "as a man thinketh in his heart, so he is." It is true that right thinking, like right living, will accomplish a vast amount of good. It is not true that right thinking, right living, or anything else we know of will accomplish everything. The worst of such claims is that they disgust intelligent people and prevent them from investigating and studying an interesting and useful subject.

There are many other fads, past, present, and doubtless to come, but we need not deal with them further. In general it may be said that it is seldom the use but most often the abuse of any fad which is dangerous. The knowledge conveyed by fads is never new and is often exceedingly old. The factor which makes fads successful, and even necessary, is that trait of human nature which enables many of us to believe and practice as a fad, or a religion, many things which we would otherwise laugh at. Many fads are, indeed, religions. All of them are well worth careful study. The man who will get the good out of them is the man ho can study them in the light of reason, and accept the truth while rejecting the folly.

Auburndale, Mass.

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CONSTRICTION, OBSTRUCTION AND RELAXATION IMPORTANT FACTORS IN DISEASE AND CURE.

By G. Curson Young, M.D.

"Those physicians generally become most eminent who soonest emancipate themselves from the tyranny of the schools of physic." —*Rush.*

Now, if we should be indulged in offering anything by way of advice, we would merely suggest that some might "pull the beam out of their own eye" before using such vigilance to discover the mote they so confidently expect to find in the eye of their brother. We believe the physician should not confine his views of medicine to any narrow routine or pathy; that he should not desire so much to see his own theory or policy prevail, as to succeed in curing his patients, and in order to accomplish this end we would suggest and try to impress upon the minds of some persons a few thoughts suggested by the attitude of some rut-bound men in the profession.

Unimpaired health is that condition of the ysstem in which every organ naturally and regularly performs its duty, and that disease consists in inability of organs or parts to perform their duty or functions, physically and mentally; and that relaxation and contractility are functions or properties of muscular fibre.

Heat and moisture relax, and cold contracts muscular tissue, and all parts of the body respond. We know that cold will contract the blood vessels of the surface of the body, the extent of little or no evidence of blood vessels remain. The immersion of the part or parts so effected in warm water will so relax the vessel that they become unnaturally large, increased in size and capacity.

If you should be so unfortunate as to pierce your hand or any part of the body with a splinter of wood or any foreign body, and suffer it to remain in the tissue a while, inflammation followed by suppuration, and obstruction will be the phenomena, and in proportion to the inflammation so will be the obstruction regardless of the original cause. This is a natural process, and obstruction to blood circulation means death to the part, and possibly the whole body. The logical action to take would be to remove the cause before suppuration sets in, and thus prevent such inevitable results.

All abnormal growths and developments are caused by some arterial or venous obstruction, just as in a leaf on any tree. Boils, pimples or any other eruption are undoubtedly due to obstruction and irritation, just as the splinter irritated the part it entered and remained there a few hours. If the splinter is removed, except in some cases of very severe injury, the inflammation, suppuration, and pain will cease and the wound will heal. The first thing to do then is to remove the offending cause.

Suppose morbid matter, or a bruise, or a collapse of blood vessels by cold, cause an obstruction in the ligament or capsule of a joint, it is evident that any treatment which will remove the obstruction to the circulation will prevent much pain and distress, which otherwise would continue for a long time. This principle is effective with a felon or a carbuncle, by soaking the finger or affected part in hot water; if on the neck, use hot packs for an hour or more frequently. Sometimes a stimulant as well as a relaxant is called for, then use the hot and cold packs, alternating them. This may seem simple, and something like the old grandmother's treatment, but it is the best, because it removes the clogged, congested obstruction which is the cause. Inflammation always subsides when life's obstructions are removed, as certain as day follows night.

We must not overlook the fact that it makes no difference whether an obstruction occurs in the toe or finger; fever never occurs internally without an obstruction, and whether of the lungs, liver, bowels or brain, inflammation and fever are simply accumulated vital action symptomatic of disease, which always exists as an antecedent and an indispensable forerunner of what we call disease.

A short while ago a woman, aged 71, came to consult me in relation to a carbuncle on the back of her neck. She had been visiting, a number of weeks in Newark, N. J., and while there two carbuncles came on her neck, and she was under treatment

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by a physician for six weeks. About two weeks after she returned home the third one appeared on the left side of her neck, which was the cause of her coming to see me. Three days after the commencement of treatment, a fourth one commenced development, just above the ear on the same side. This last one was attended to, and two days later the fifth and last one appeared on the *labia majora* of the right hand side. All of these formed in a few hours, one after the other, within the compass of a week. All were treated alike with hot packs continuously, and internally with specific echinacea, dose ten drops four times a day, and tablets calcium sulphide, half grain, one morning, noon and evening. All three of these carbuncles were arrested in their development, healed, and the patient discharged in thirteen days. The base of the least one was as large as a walnut. In this case we have a convincing example of results when obstructions are removed, inflammation subdued, and suppuration arrested.

Internal inflammation is not always caused by morbid matter. It may be caused by engorgement. We must not lose sight of the fact that relaxation and contractility are the functions of muscular fibre, and that the blood vessels of the surface of the body may contract to one-fourth their normal size, and hence a person when "taking a bad cold" may have twice or four times the usual quantity of blood thrown on some internal organ; but in the nerves of the part affected, pain and contraction result in a binding and engorgement of the part, when we may have all the horrors of pneumonia as the result.

We observe that a relaxation of the strictured blood vessels and a resupply of blood to them will relieve the internal vessels of the engorgement, and thus cure the patient at once in a case which would prove fatal by delay of treatment, or by a treatment which failed to accomplish the purpose indicated.

When a thorn, a piece of wood, or any other foreign substance enters, and remains in the flesh of the body, no one waits until unaided nature effects its expulsion, but they extract it as soon as possible, and in like manner if an obstruction should occur in the lungs or any vital organ, it is most certainly followed by suppuration or mortification, if the inflammation and fever should fail in the removal of the diseased condition; and yet some people will wait until engorgement breaks down the delicate tissue of an organ, and death is inevitable, before they consult a physician, simply because of their lack of confidence in the medical profession. And this will continue so long as the profession disregards the plain truth which true science inculcates. The fact is, many medical men seem to give little or no attention to the principles which should be the guide of every physician in the treatment of disease, or they would not harp on the vaccine and serum theory, in fevers, inflammation or auto-toxic conditions. Why, the most stupid mechanic would be ashamed to be seen tugging and worrying himself to stretch a wagon tire to its place on the wheel when cold, and yet pullies and all the various "adjusters" by which one may tear another in twain for the resetting and adjusting of displaced bones are just as inconsistent as would be the conduct of a smith who, overlooking the fact that heat relaxes iron, undertakes to get the tires to their place in a cold rigid condition. A number of surgeons have learned and acted on the light of these natural laws, but it remains to be known that the principle is capable of general application by the physician.

We think that many lives might be saved when the medical profession have learned that typhoid fever and other malignant forms of disease, may be very often thrown off in their forming stage by a prompt treatment. What does the small wiry pulse, headache, and general soreness or pain indicate? A collapsed, strictured, obstructed condition of the arterial and venous system. We must see that if a relaxation of the blood vessels to their natural size should be speedily accomplished, that the dangerous condition is removed, and suppuration prevented. A suppurative condition of the glands of Peyer of the bowels will not occur if the blood is brought to its natural channels, and a complete relaxation of affected parts remove obstructing matter. Warm baths, drinking freely of warm water, wet sheet packs, hot vapor baths,

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and internal diaphoretic medicine will tend to relax the system and free it from the grip of unnatural stricture. It is a stubborn case, and rather dangerous to stand by and see nature and disease decide the contest, and nature not win, when the proper aid is given. We mean by relaxation such a condition as heat, warm bath, warm pack, soaking the feet, or a dose of lobelia will effect, and not a prostration, such as a narcotic or blow on the head with a club would produce. Any case of obstinate obstruction that the vapor bath and lobelia will not relax is almost hopeless. When vapor baths and hot bathing are inefficient, when pleurisy, pneumonia, asthma, croup, typhoid fever, or inflammation of any organ, are racking the frame with excruciating pain or threatening strangulation, who would not give lobelia?

Washington, N. J.

PERNICIOUS VOMITING OF PREGNANCY, AND A GHOST STORY.

By A. Rose, M.D.

The literature of vomiting of pregnancy is very voluminous. This was again demonstrated by Dr. C. B. Ingraham, of Denver, who read, at the last session of the American Medical Association, in June, 1911, a lengthy paper on the subject and quoted sixty-three publications. But neither he nor any of those who took part in the discussion mentioned the most rational, the physiological remedy in cases of reflex vomiting of pregnancy of which I have spoken repeatedly in different journals, and especially in my book, "Carbonic Acid in Medicine." I published my observations in the year 1884, and Adrian Schücking his experience with the same remedy in the year 1885.

This remedy is carbonic acid gas douches applied into the vagina or into the rectum by means of a gas generator which I have introduced. The anesthetizing effect of the gas will as I, and, independent from me, Schücking have demonstrated, arrest reflex vomiting. It is possible that the curative effect of carbonic acid in vomitus gravidarum has been known before Schücking and myself made use of it, but no reference of this kind is found in Schücking's paper, nor have I found it mentioned in literature. And this remedy is simple and it is harmless, but there exists a ghost story on account of which it is not accepted, on account of which it is not even spoken of. I may be permitted to quote from my book mentioned something about this ghost story. Early in the year 1884 I was called to a neighboring city as a consulting physician in a case of incessant vomiting of pregnancy. All the usual remedies had been tried in vain. I suggested the application of carbonic acid gas douche to the os—this being a case of reflex vomiting originating in uterine neurosis, but my suggestion was not accepted. It happened that my colleague, a great, well read gynecologist, believed in Scanzoni's night-mare of contractions of the uterus and the danger of abortion if carbonic acid gas was employed. The error of Scanzoni has been exposed by many physiologists, by gynecologists; it has been demonstrated over and over again that carbonic acid introduced either into the vagina or into the rectum will never cause uterine contraction, will never produce abortion, how often or how long you may try. I myself have had a case in which a pregnant woman in consequence of a misunderstanding made daily carbonic acid gas douches every day during the first three months of pregnancy without any unpleasant effect to herself or the embryo, without interruption of the pregnancy. In the book quoted I have given the history of Scanzoni's error and spoken of as experiments made on pregnant animals to prove that Scanzoni was mistaken. Scanzoni is dead, but his error haunts us yet. It seems impossible to bring it out of the heads of some physicians that carbonic acid is not a means to produce abortion. While carbonic acid gas douches do not cause uterine contractions they are, besides arresting vomiting of pregnancy, an excellent remedy in case of scanty menstruation or amenorrhœa.

173 Lexington Ave., New York.

Powdered potassium nitrate rubbed on the face twice a day, after being sprinkled on a damp cloth, will sometimes effectually remove fgreckles.

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Medical Gleanings

Under this head we endeavor to present a Condensed Summary of Practical Medicine, drawn from the best and most reliable sources, thus saving our readers much labor in winnowing out from the chaff, medical grains of real value

TREATMENT OF APPENDICITIS.

When a diagnosis of appendicitis is made, and it is not clearly a case of neurosis with pus formation, treatment as follows should be instituted at once.

Put the patient to bed. Make a solution of 8 ounces Epsom salts, 1 dram carbolic acid in 4 quarts of hot water. Fold two flannel pads several thicknesses, and large enough to cover the abdomen, or about 9x16 inches for an adult, and apply hot packs from this solution, using care not to burn the skin, and changing every five to eight minutes, for an hour at a time, and use every alternate hour. Internally, give a heaped teaspoonful of a saline laxative in a glass about two-thirds full of warm water every two hours until bowels move freely. A teaspoonful of Epsom salts can be added to the blue paper of a seidlitz powder, and the powder taken in the usual way, and they repeated to effect. Of course, there is no objection to giving the clear Epsom salts if the patient is willing to take it that way; dissolve it in a smaller quantity of water and follow it with a glass of clear water.

Give 1/4 grain calcium sulphide every two hours. Prepare tumbler medicine my dissolving about 1/4 ounce potassium citrate, 24 drops tincture aconite, 24 drops tincture belladonna, in 24 teaspoonfuls water, and give a teaspoonful every hour to effect; as conditions approach the normal, doses may be put farther apart.

The diet must be light in quality and quantity.

The therapeutics of the foregoing treatment is to equalize circulationu, relieving congestion, eliminate any cause for toxemia, antagonize the breaking down of tissue and puss formation, and to assist nature to restore the parts to normal.

But if proper treatment be given, and the temperature and pulse do not materially diminish in their proper ratio within twenty-four hours, a diagnosis of pus can be pretty safely made, and the case considered surgical. This does not mean that there is no hope for the case unless operated upon, as adhesions may form, walling off the pus into pockets where it may absorb or become caseous; but it means that surgery would be the best and most scientific method of treatment.—*Dr. . A. Button, in Therapeutic Record.*

INJECTION FOR GONORRHEA; NEURO-TONIC, ALTERATIVE.

The following are a few select formulas, not all original with me, but thoroughly tested, and known to give satisfactory results, generally when indicated:

INJECTION FOR GONORRHEA.

℞ Sol. bismuth et hydrastis (Merrell) .....℥j
Aqua .....℥iv
Zinc sulphate.....gr iv
M. Sig.—Inject every time after urinating.

SHEEP ANCHOR TONIC.

℞ Quinine sulphate.....gr. xxx
Tinct. gentian comp.....℥ij
Strychnine sulph.....gr j
Syrup hydriodic acid.....℥ij
M. Sig.—One teaspoonful in water three times a day.

NEURO-TONIC, ALTERATIVE.

℞ Syr. hydriodic acid.....℥ij
Liq. potass. arsenitis.....℥ij
Tinc. calumba.....℥j
Tinct. capsicum.....℥i
Syr. hypophosphites comp.,
q.s. ad. ℥vj
Sig.—Teaspoonful in water three times a day.

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NEOFORMANS VACCINE IN CANCER.

Dr. Alfred Potter, of Brooklyn, N. Y., reports his success in the treatment of inoperable cances cases at the King's County Hospital, by means of the neoformans vaccine. The *Micrococcus neoformans* has been isolated from cancers, and if not the cause of cancer, it is at least generally found in association with cancer. The author treated twelve inoperable cases with a vaccine prepared from this organism. Three cases which were cachetic were not helped. In the others, improvement followed one or two injections of from 5 to 200 million bacteria. Relief of pain was immediate; the general health improved; ulcerations became cleaner; healthy granulations formed; and the disease seemed to be checked. In cancer of the uterus, the malodorous discharge was diminished, and bleeding was stopped.—*Medical Record.*

THE MODERN TREND OF PSYCHIATRY.

Dr. J. V. May, of Fishkill-on-Hudson, N. Y., in the *Interstate Medical Journal*, reviews the progress that has been made in recent years in our study of psychic diseases. The work is only beginning to yield results, thanks to such men as Kraepelin, Nissl, Alzheimer, and many others. Special attention is given to the "psychic trauma" of Freud, with the sex problem, dream interpretation and psycho-analysis. May believes that the outlook for psychiatry is exceedingly hopeful.

IPECAC TO ABORT TYPHOID FEVER.

Dr. William L. Frazier, of Mountain Home, Idaho, presents the histories of six cases of typhoid fever in which he made use of ipecac to abort the disease. The drug was given in capsules coated with salol to prevent their dissolving in the stomach and causing vomiting. The ipecac was given for six successive days, beginning with 30 grains, and decreasing 5 grains each day until the dose was 10 grains. The author believes that the disease was aborted by means of this treatment.—*Medical Record.*

NITROUS OXIDE GAS AND OXYGEN ANESTHESIA.

Dr. Clifford U. Collins, of Peoria, Ill., read a paper on this subject. The advantages of nitrous oxide gas and oxygen, as pointed cut by him, were:

1. So far no one had been able to discover that it had any harmful action on any tissues of the body when administered in anesthetic quantities.

2. It had no odor, and the patient was not aware, so far as any odor was concerned, that he was taking an anesthetic.

3. It produced no shock of itself, and the total amount of shock from an operation was much less under gas and oxygen than under ether.

4. It did not have any harmful action on the leucocytes, therefore its use was indicated in infections.

5. Its danger was not increased by frequent subsequent administrations

6. There was much less post-operative vomiting than from ether or chloroform.

The disadvantages were:

1. It was considerably more expensive than ether or chloroform.

2. It did not produce deep relaxation of the muscles.

3. The anesthesia was lighter and more transient.

4. It required a more expensive administration apparatus.

The disadvantages of gas and oxygen concerned the anesthetist, but did not add any discomfort or danger to the patient. With an apparatus like the Teter, nitrous oxide gas, oxygen or ether might be administered separately or in any desired combination. In this way the anesthetics might be fitted to the patients and not the patients to one anesthetic.—*Lancet-Clinic.*

THE MUSTARD PLASTER.

Its uses are many, but too often it is spoiled in the making. Do not use boiling water in preparing the paste. Heat destroys the essential oil upon which the virtue of the mustard depends.

The best evidence that a child has worms is to see them in the stool. Symptoms are unreliable.

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Notes and Queries

For this Department we cordially invite Questions, Comments and Criticisms on all Topics of interest to the Physician in his daily work for relief of the sick, thus making the Summary a valuable medium of communication between the medical profession.

Correspondents will give their names and addresses, but initials will only be printed when desired.

The queries in this issue await the Answers which our intelligent readers may be pleased to contribute for publication in our next.

"DIVIDING THE FEE."

Editor Medical Summary:

In reply to the article under the above caption, appearing on page 327 of the January SUMMARY, I wish to say that as a rule I believe that the country doctor is as honest as any other class of men, but just the same there are the dishonest among them as well as other classes of men. I have had the experience of the physician peddling his case, and I do not doubt that other men have had the same experience. But all this does not settle the dividing of the fee. It should be looked at on another basis.

The trouble with physicians is that they do not teach their patients to expect to pay their physician for their services. The quicker we physicians realize this principle in the practice of medicine the better off we will all be, the greater will be the respect of the public for us, the more just will be our income. The layman of to-day thinks that the advice of the physician is nothing but spending a little time, and freely say that a physician has no investment. Make your patient know the proper facts and realize that he is getting something that he must pay for because it is worth it. We do not know the value of an article until we have paid for it.

The country physician can not afford to take a patient to the city with the impression that it is not costing the patient something for his time. At other times he will expect you to do equal service without cost to him, and you will not have the specialist to divide his fee.

In the town where my father practiced, prior to his time, there had been a physician who took whatever his patients had to give as the old-time preacher. When this physician came to die the township had to bury him. It took my father some time to teach these people that they had to pay the physician, but it was his only salvation. They learned to do so, and I believe that they had more respect for my father than they did for his predecessor.

I believe that the best way for the physician is to be frank and honest with his patients, and not take so much stock in the necessity of physic influence as is often common as an excuse to deceive his patients. The patient finds out these little deceits and loses his confidence in you. Learn the patient to pay for what he receives and charge him a reasonable fee, and expect him to pay for it. Then you will be respected and thought more of by your following. If you give the impression to your patients that you are taking him to the specialist without fee, he considers you cheap and believes that your service in other ways is of equal value, and you will have trouble making a living. This is the great trouble with physicians to-day. They do not lead the layman to know the value of their services.

ROLLIN H. BARNES, M.D.,
Editor of *The Proctologist*.
Metropolitan Bldg., St. Louis, Mo.

MALARIA: ITS TREATMENT.

Editor Medical Summary:

Either remittent or intermittent malaria is more or less puzzling to the practitioner of medicine, especially the malignant forms, but we are very often confused in making a diagnosis in the developing forms of the disease, as they assume almost any other condition or train of symptoms in any disease; indigestion, rheumatism and hepatic congestion more frequently than any other; and when a young M. D. becomes puzzled over a case enough to get down his books,

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look out! Somebody is going to die. Quinine indiscriminately used does as much damage as it is capable of doing good. I have learned a great deal about both remittent and intermittent malaria in an experience of fifteen years. I used to think I was "it" in the treatment of this disease, but after losing an occasional patient, I learned better.

When called to see a patient suffering from this disease, the cardinal thing to do is to give relief speedily. High fever must be combatted, pain relieved, vomiting stopped, and proceed to establish the secretions as early as possible. All of the sedatives are valuable, antipyretics are admissable in high fevers, the liver and kidneys must have early and prompt attention, and when a tendency to normal secretion is established, the malarial poison itself must be antidoted.

Calomel and podophyllin are excellent, the system must be unloaded of toxic matter as well as malarial poison, and when the above is followed with hot castor oil or solution of phosphate of sodium the temperature subsides mildly, and the kidneys assume a normal function, the tongue begins to clean, and right here the treatment begins.

Now I wish to give the readers of the MEDICAL SUMMARY a remedy that will do the work, and without taxing the resources of the nurse and patient or physician. I have never since using this formula known it to fail in either forms, remittent or intermittent:

℞ Cinchonidine sulph.,
Ammonium muriate.....āā ʒj
Tr. iodine comp.,
Sol. potass. arsenitis.....āā 3iv
Tr. capsicum .....3ij.
Elix. simplex.....q.s. ʒviij

M. Sig.—One teaspoonful at 6 and 10 A. M., and 2 and 6 P. M. each day, and increase to two teaspoonfuls after the first four days. Shake well.

Of course, a light but highly nutritious diet must be encouraged, and the above treatment enhanced by every possible auxillary, but bear in mind it is the very best, and really par excellent for the malarial poison.

A. J. MANN, M.D.

Alvaton, Ga.

AN UNUSUAL CASE.

Editor Medical Summary:

A case of obstetrics.—Mrs. H., aged 23 years, whose pregnancy went on uneventfully to full term. I was called at 10 o'clock A. M. on December 27th last, and on examination found very slight dilatation, with soft os, and head presentation. My services not then needed, I left her in the hands of a trained nurse, with instructions to summon me when labor pains set in. At 2 P. M. I was called, and found her in first stage, and very nervous and uncomfortable, feeling an unusual sense of exhaustion and helplessness. It was her second accouchment, and the first labor was natural and of short duration. A short time after I got to her she said she must get up on the commode. I stood back, and hearing such an excessive flow, I remarked to her, and the nurse, that such a gushing could not possibly be from the bladder; and suddenly she became deathly pale, and would have fainted had I not put her back in bed, with her head lower than her body. It was evidently a separation of a large part of the placenta, uncovering the blood vessels. I pushed the labor through, by manual ditatation, and in an hour and a half after she gave birth to a seven-pound girl, but it was followed immediately by such an immense flow of bloody serum that it ran out of the bed on the floor to the amount of two gallons. The amnion seemed to discharge about a normal amount, just preceding the delivery. The unusual amount of fluid was colored by the blood which was in the uterus before the second stage of labor was reached. As soon as the child was born, I gave the second dose of ergotole hypodermically, and detaching the child, found it colorless, inanimate—a case of suspended animation as a consequence of the circulation having been, perhaps, entirely cut off from the placenta, because it was largely detached from the womb. The nurse and I hurried to the bath-room, and swathed it with towels wrung out of hot water; tried the same procedure used in a case of drowning; inflated the lungs myself several times; rolled it, took it by the feet, swinging with head down; and after ten minutes' hard work the red color came to the

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skin, its eyes opened, and a few minutes after it got a good breath, and cried. The mother was then delivered of the placenta, and grasping the womb with cold towel folded over the same, I got firm contractions. However, after every contraction, and the womb relaxed, a hemorrhage followed. A cold compress and bandage was kept on, and hot douche given at intervals. The hemorrhages continued more or less for two days, although she got regular doses of ergotole and deodorized tincture of opium. She never had any rigors nor fever, and her milk came without the slightest disturbance. She went on to a splendid recovery, and has plenty of milk, for a promising and healthy looking girl. Losing so much blood brought the lactation on without inconvenience. I have had postpartums, but such fearful antipartums I think must be unusual. If she had had any bleeding during her gestation, *i. e.*, evidences of placenta prævia, I would not have been surprised, but she had never had an untoward symptom until this great gush of blood came just at the beginning of labor. She lives in a large house, and went up and down stairs frequently just before the time for her accouchment, and frequently lifted her heavy boy, carrying him upstairs. Some such strain caused the partially detached placenta, and nearly cost her and her infant girl their lives.

Jeffersonville, Ind. D. L. FIELD, M.D.

CIGARETTES IN INDIANA.

Editor Medical Summary:

In the December SUMMARY, 1911, you speak of Indiana having an "anti-cigarette law." Well, we *did* have such a law, and a few men were fined for smoking, and a few more for selling the devilish things, but I think the law has been repealed; if not it is the most violated law you ever heard tell of, as I think, at a conservative estimate, there are ten thousand cigarettes a day smoked in this city alone. It seems that cigarette fiends and saloonkeepers take a peculiar delight in breaking the law in this State, and I suppose the same condition exists elsewhere.

O. B. SURFACE, M.D.

Indianapolis, Ind.

KUS ES SALAHIM.—A WONDERFUL REMEDY.

Editor Medical Summary:

Translated from Arabian it means: "Tea of Salahim." This tea comes from a shrub belonging to the family of the celastraceaes, and is used in Arabia, Abyssinia and North Africa as a tonic, twigs as well as leaves.

I don't know whether to call it fortunate or not, that in this country one does not know much about it, for it is a most powerful abortefacient and is largely used as such by the Bedouins (Nomads).

But every dark cloud has a silver lining, and so it might be good to acquaint ourselves with the positive virtues of this tea. It has the looks and about the taste of cocoa, and in overdoses produces inebriety.

The first acquaintance with kus I made in 1885 on my visit to a Bedouin camp in North Africa. When aboard of our man-of-war I met with Ali Ben Mohammed-el-Mokaddem, son of the sheick of Beni Hassan-el-Kairowin. He invited me to the camp of his tribe, and after a camel-ride of ten hours through the desert I arrived there safe, but not sound, for my posteriores hurt like the proverbial "dickens."

Ali ordered at once a cup of kus es salahim for me. I never forget the immense relief of my weariness after drinking a cup of the beverage. However, woe to the man who indulges in it; woe to him who becomes its slave, just like so many aborigimies are. For although it acts promptly and efficiently it is worse than cocaine if a habit is acquired, even worse than hashish (Indian hemp).

In 1897, visiting a hospital at Djeddah, in Arabia, I witnessed its administration in a case of complete uterine inertia, a French doctor attending. It worked like a charm, and in retarded labor it makes the forceps unnecessary nine out of ten times. My French colleague told me how it gained ground in Europe for the treatment of migraine and some nervous disorders, in slow births, and alas, also in amenorrhea due to pregnancy.

Said he: *"N' oubliez pas docteur, que c' est une epee a deux tranchants."* (Don't forget, doctor, that it is a two-edged sword.) Meaning by this, that in the hands of un-

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scrupulous doctors it could be used for the purpose of crime.

In my obstetrical practice it has proved to be a boon and has given lots of comfort to the becoming mothers as well as to my work. It has asolutely no bad after effects, does not hurt the offspring or the mother, and does not produce hemorrhage.

D. ZWIGTMAN, M.D.

Niles, Mich.

PRACTICAL NOTES AND REPLIES.

Editor Medical Summary:

In re to Dr. Lecan's article, page 326, January SUMMARY, that the State provide for microscopical examinations, etc. the Connecticut statutes provide this through its State Board of Health: Examinations and analysis of disease specimens; milk and water are made free for any physician, if such a request comes from the town health officer. The last legislature appropriated $8000 for free autitoxin and other serums. This is supplied on application to the local health officer and the serum supplied by local pharmacists, with the understanding that when such requisition is made it constitutes *prima facia* evidence, or at least sufficiently so, to establish quarantine. Probably this method is open to some objection, but on the whole this new arrangement is beneficial to many poor people, who would otherwise have to do without.

Dr. Lycan's experience no doubt corresponds with that of many other practitioners, and his warning is timely and practical.

Dr. Bott's article (page 332) on opium and its uses in post-partum hemorrhage contains some good points. In my experience atropine acts better without the morphine, but the addition of nitroglycerin or strychnine aids the action of the atropine, uterine contraction being strengthened by strychnine, while morphine retards or relaxes. Many physicians decry the use of opium or morphine for any disease, but I believe that very few practice medicine without its use.

On page 339 appears an extract from an article on pneumonitis, by Dr. Robert L. Hammond. The treatment outlined is certainly unique and one which in my opinion will not be adopted by many, being impracticable and of questionable value compared with other well-tried and reasonably successful measures. I prefer Dr. Eason's method (page 345) with slight modification. When the mortality from this disease is so much below the average with my present mode of treatment, I am loath to change for any new (or old) method, no matter by whom such is proposed, and I am not a believer in routine or stereotyped treatments, either.

I admire Dr. Brady's criticism (page 349) which is frank and pointed.

LOUIS J. PONS, M.D.

Roxbury, Conn.

A GOOD SUBSTITUTE FOR CIRCUMCISION.

Editor Medical Summary:

Instead of circumsising a person, and thereby depriving him of a ring of his integument, and opening an avenue for infection, you will be astonished at the ease that a seeming resistant prepuce will become dilated through constant gentle pressure. The instrument used for that purpose is of bone, two inches long, composed of two curved parts that are hinged in the middle at their convex sides (like the spring clothes pin): the thickness of both blades when coapted are about 3/16 of an inch in diameter. This is introduced under the prepuce, a thin rubber band is applied to the handles. As the rubber contracts, the front of the forceps expand: this is worn for twenty-four hours, or until full dilation is produced. Once dilated the foreskin remains so. This operation is financially against me, as I used to get from ten to twenty dollars for a circumcision, which I cannot now do conscientiously.

R. D. FAIKEN, M.D.

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Chronic ulcers of the face situated in the area between lines drawn from the outer end of the eyebrow and the upper border of the ear above, and the angle of the mouth and the lobe of the ear below, are usually epitheliomata of the basal-celled variety, and they are comparatively non-malignant.

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SOME OBSERVATIONS ON TYPHOID.

Editor Medical Summary:

The writer has, during the past twenty-five years, made some special observations on typhoid, and has almost come to the conclusion that the disease is inclined to "run in families." I will cite one family in particular. The first case was a daughter, about 15 years old, who had a typhoid attack which lasted six or seven weeks. The next case was an older married sister living about a mile and a half from the old home, who was sick some six or eight weeks. This was a year after the first case, and as the other was in autumn. The next fall two brothers had the disease, but were not living at the old home any longer, having moved to a small village. These cases were very severe, lasting some ten or eleven weeks each. One of them, I told the family one day, could not live through the day. The next fall another younger daughter took the disease and was worse than any of the others, being in bed thirteen weeks, and this was at another place, they having moved again.

These five persons, brothers and sisters, all had the disease in four years, and all in different houses, except the two boys, and to the best of my knowledge there were not more than four or five other cases of the disease in a radius of three miles during these years.

The paternal grandparents of the five patients I named above died from typhoid fever a number of years before any of these patients were born.

Another rather peculiar circumstance in this connection is the fact that the writer with his family of wife and four children, was living on a lot that was at least ten feet lower ground than where the two boys were sick, and using water from a well only sixteen feet deep, and there was another typhoid patient on an adjoining lot not more than fifty feet away, which I saw every day, at least twice, and several members of my family visited the sick a number of times, yet we all had excellent health. All these cases recovered.

I have made the assertion several times that typhoid properly treated should result in 95 per cent. of recoveries, except in cases of drinking men, where the chances of recovering are very small indeed.

My usual method of treatment is to give several small doses of calomel and soda. I use the tablet containing half a grain of calomel with sodium bicarb., giving one tablet every hour, or oftener, for five or six doses, or until we have free discharge from the bowels. This I repeat every day or two, giving in the meantime pretty good doses of bismuth subnitrate, and an antipyretic usually acetanilid with quinine sulph. If the fever runs high, I use the cold bath.

As typhoid fever is a disease of the bowels, it is necessary to keep a close watch of the discharges I believe the bismuth sheathes the inner lining of the intestine to such an extent as to reduce the danger of perforation to the minimum. I have never had an intestinal hemorrhage in this disease.

I might cite other cases in which this disease seemed to follow families for several years, but the one given above is the most pronounced of any that has come under my observation. I might add that is my opinion, that if there is any medicine that will abort typhoid fever it is calomel.

O. B. SURFACE, M.D.
1618 Shelby St., Indianapolis, Ind.

ATROPINE.

Editor Medical Summary:

Belladonna and atropine have been very valuable remedies to me in more than thirty years' practice. I want to emphasize all that was claimed for these drugs in the brief editorial note in January number of the SUMMARY. One use may have been overlooked by some practitioners.

In obscure abdominal conditions in the early stages, perhaps beginning with sudden and severe pains, with symptoms only suggestive of the various serious troubles so liable in this part of our anatomy, gallstones, appendicitis, many other itises, spasm, etc., belladonna or very small doses of atropine are remedies of inestimable value. Morphine is a deadly drug in such conditions.

Belladonna is especially valuable in the treatment of children. Various affections

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of the respiratory tract respond to its medicinal virtue. I was called once to see a child seriously ill with violent convulsions; its skin was as red as distended capillaries could make it. I was about to administer belladonna when I thought to ask if the child had possibly taken some poison. Yes, it was found to have a vial I had given the mother containing one per cent. solution of atropine, and had perhaps (surely) taken some of it. I gave the boy morphine enough to have killed him several times over under other circumstances, and thereby saved his life.

I am having some experience with a novel method of administering atropine. It is well known that belladonna is useful in irritable bladder and enuresis of childhood, and prostatic troubles with cystitis and irritable bladder of old men. I use the pin point tubes of ophthalmic ointments containing atropine in varying proportions, and apply the medicament under the foreskin, especially around the corona glandis. It seems to have a decided local action with somewhat less systemic effect. Capillary circulation through the sexual organs is restored, a sense of vigor is realized, and irritable bladder is relieved.

Those of us who may be therapeutists should not feel entirely obscured by the surgeons. If we know of anything good in medical therapeutics let us keep it prominent. There are those yet who are willing to be cured medically.

W. H. CHAMPLIN, M.D.
122 York Ave., Towanda, Pa.

NOTES FROM PRACTICE.

Editor Medical Summary:

A girl of 18, strong and athletic, with a good heart, underwent an operation for removal of enlarged tonsils a few days ago. She rallied slightly from the anesthetic as soon as the operation was over, spoke a few words, then lapsed into a state of passivity from which she died in about one hour. Surgical shock was assigned by the surgeon and anesthetist as the cause.

About a year ago another throat case happened in another town. A sturdy young man died after a tonsilotomy and so suddenly as to bring dismay to the heart of the physician in charge. Are throat operations dangerous or do they tend toward shock, or again, does the operation cause extravasation of blood into the lungs and thus delay the dissipation of the anesthetic? Throat operations are as a rule considered comparatively benign. Recently I had a delicate, anemic child of five operated on for tonsilitis with recovery rapid and uneventful.

Of late I have noticed the tardiness in the healing process of wounds that are cleansed with bichloride and carbolic acid solutions. So many agencies that exert their germicidal action by coagulating albumin also have a devitalizing effect on normal cells. We are likely to kill both normal and abnormal cells with the powerful bactericides. More recently I have employed chinosol, one of the newer antiseptics and one that is non-poisonous. I like it very much as it causes no injury to the tissues and does not coagulate albumin nor break down granulations. At the same time it has equally the germicidal power of bichloride and carbolic acid solutions.

It is sometimes a very difficult matter to judge the intensity of an illness in children. A year or so ago I was called in one night to see a child that had been suffering from bronchitis or a pneumonic process, but all acute symptoms had now seemingly subsided. The rales were coarse, showing mucus in the larger tubes; the child showed a considerable degree of weakness and blood depletion, but not in an extreme measure. A dose of an expectorant containing a drop or two of ipecac was given. The child vomited a little and died. Such things are embarrassing to the doctor. They are not conducive to good sleep. It is always best to be guarded in the prognosis of children. The balance is so easily turned either way.

This report sounds better, almost like a patent medicine testimonial. A few weeks ago I was called in to relieve a young woman who was in the throes of an attack of acute gastritis. She is about twenty years old, married and the mother of a child three months old. Since the babe was born she has suffered two or more severe attacks of gastralgia every week. During all this time she was being treated by a phy-

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sician who gave her medicine, regulated her diet and told her to use Christian science while the spells were on, as medicine for their immediate relief would injure the baby. The patient asked me to continue to treat her. I told her that would not be fair to her doctor, as I had been called in to see her only in emergency. She stated that she was going to change to some one else anyway, so I thought I might as well accept her case. I gave calomel and soda, followed by salts and a teaspoonful of cascara sagrada elixir at meal time; also at meal time a tablet containing veracolate with pancreatin and pepsin. All these remedies were pushed to the extent of arousing the hepatic function and keeping the bowels open. Pork, pastry and a few other articles of diet were placed on the tabooed list. So far the patient has not had one of her cramping spells. There is certainly nothing remarkable about the treatment, but I find that thorough elimination will cure more ailments than any other one line of procedure. It should, however, be hooked up with an abundance of faith in the doctor.

W. T. Marrs, M.D.

Peoria, Ill.

MORPHINISM AND ALCOHOLISM.

Editor Medical Summary:

The goat is practically immune to the toxic effects of opium, especially of its alkaloid morphine. Birds are immune to it when given per mouth on account of non-absorption, but succumb readily when it is given hypodermically. This is not true of goats, for as high as 500 grains have been given intravenously and higher doses seem to offect the respiration solely. In the use of the modified serum as a therapeutic agent in the cure of the drug addiction when the altered lymphocyte ratio, the high acidity of the blood and the constant oxaluria are taken into account it seems that aside from its immunizing constituents that the nuclein content has a great deal to do with its value in this regard. Now, in treating these addictions it is of great benefit in a certain number of cases to know whether they are using anything on the side, for where they are allowed their freedom to come and go at their pleasure, it is always to be on your guard as to outside help. The denial is to be expected, but if you can assert positively that you have absolute evidence of their guilt they then see that any further use is impossible without detection, the cure is hastened thereby. The urine affords us the best index, for they cannot alter the ingredients so that it in any way affects the tests, for if alcohol is taken in any form or in the minutest quantity it will be excreted in the urine. Acetone, aldehyde and alcohol give somewhat similar reactions, and in order to prove the presence of the last we have to exclude the other two. Aldehyde does not enter into our investigation, for it is seldom found in the urine, and then only if the distillation is continued too far. The tests commonly employed are Gunning's, Legal's, Reynold's, and Lieben's. Acetone responds to all four tests, alcohol to the last only; so if we find a negative result with the first three and positive with four we are certain that we have alcohol as a constituent. The first three may be found in any recent work on physiological chemistry; Lieben's is performed as follows: 100 or 200 c.c. of urine are taken, acidified with acetic or phospho acids and distilled. Collect the first drops of distillate or what passes over render alkaline with potassium hydrate (liquor potassa) add drop by drop of iodine in a solution of potassium iodide (Lugol's solution), and if alcohol is present a yellowish white deposit of iodoform results; this can be readily recognized by its odor and by the formation of six-sided crystals or rosettes. Confusion is sometimes experienced when thymol is used as a preservative, for a reddish precipitate forms and may be mistaken for iodoform, but the characteristic crystals are a scent. This compound that is formed is iodothymol. In using the above serum it has responded to Legal's test, but this is probably due to the creosols used to preserve, for the fresh serum does not give it. It is therefore well to use at least two tests for acetone before arriving at a definite conclusion.

A. F. Irwin, M.D.

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A TREATMENT FOR LOCK-JAW.

Editor Medical Summary:

On the evening of January 31, present year, my wife stepped on a 4D wire nail, which entered the ball of the left foot about the middle, penetrating very deep. I was not at home at the time, but arrived about half an hour after, finding her in much pain. She had pulled the nail out and the wound bled copiously. I at once injected into the wound a solution of carbolic acid, one dram to the ounce, then placed the foot in hot water, keeping it there for one hour, adding additional hot water from time to time as much as she could stand. When taking it out applied turpentine, which was repeated the next morning. The soreness disappeared and the wound healed kindly, so that on the third day she was able to walk on it.

On the afternoon of February 5 she laid down and took an hour's nap, waking up with a stiff neck on the right side. Upon returning home about 7 o'clock P. M. on the evening of February 6, her neck was so stiff she could not turn her head, pains radiating up and down her spine and across the shoulder . Lightning pains in the right arm and left foot, with considerable uneasiness in the region of the wound; jaws beginning to set. I at once called the janitor, had him burn some hardwood into a quantity of live coals, place these coals in an iron kettle, and put the contents of two packages of cigar clippings onto the coals, open the wound in the foot with a bistoury, place the foot over the kettle as close to the smudge as she could stand it, covered the limb with a woolen blanket and kept it there until the tobacco was entirely consumed. In five minutes after placing the foot in position she was entirely relieved and all the pain had ceased. She could use her jaw with all freedom, slept well the balance of the night, was able to be up the next morning, and aside from a little soreness in the right mastoid muscle she felt fine. The only internal treatment given was sp. tr. lobelia 2 drams, sp. tr. sticta 1 dram, sp. tr. echafolta 1 ounce in aqua quantity sufficient four ounces. Teaspoonful every hour. Would tetanus serum act as promptly and efficiently?

F. W. LANOIX, M.D.
Junction Bldg., Kansas City, Mo.

PNEUMONIA SEQUELA.

Editor Medical Summary:

The most serious results of pneumonia are hepatization and plural abscess, where there is the combination of pleuro-pneumonia. Several times I have had the empyema to contend with, but I proceeded promptly ere it was too late, to have a thoracentesis performed. But by far the most tedious, serious and most intractable sequel is consolidation of one or both lungs. I have been called the second time recently to see a patient, aged 60 years, who has hepatization of the right lung. It is a grave condition. I think the case has passed from the red to the gray hepatization. Now, while all medical men will concede the gravity, and possibly the irremediability of hepatization, yet persevering treatment must be pursued. Nourishing and sustaining the patient is one of the most important considerations. I have had a case to get well, who went on a farm and pursued outdoor employment, and took iodized cod liver oil, syrup of hydriodic acid, and persevered in their use.

The question is what is the most effective treatment for hepatization? I don't think I ever saw a case where the left lung was so involved. Is it because the liver has something to do with bringing about this condition in the right side? I believe so.

In looking up authorities on the treatment of consolidation of the lungs, I find nothing specifically good, but the maintenance of the strength, stimulants, judicially administered, and stimulating expectorants, with counterirritation with iodine, turpentine, etc.; also inhalations of ammonia aromatic, with creosote, are perhaps all that can be done. The expectorants should contain either carbonate or muriate of ammonia, creosote, and cod liver oil. What else?

D. L. FIELD, M.D.
Jeffersonville, Ind.

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New Books

All Books reviewed in this department, will be sent postpaid by the publisher of the Summary upon receipt of the price quoted.

RETINOSCOPY (Shadow Test). By James Thorington, M.D., Professor of Diseases of the Eye in the Philadelphia Polyclinic, etc. Sixth Edition; revised and enlarged. P. Blackiston's Son & Co., Publishers, Philadelphia. 1911. Price, cloth, $1.00.

We have before us a copy of the sixth edition of this valuable little book, which has been carefully revised and brought up to date by the addition of new illustrations and illustrations of new apparatus, and it is a real *multum in parvo* of the subject upon which it treats; so simply expressed that it can be readily appreciated by the practitioner who has paid very little, if any, attention to this branch of work, and it can be recommended to those desiring to become familiar with it.

A HANDBOOK OF MEDICAL DIAGNOSIS. By J. C. Wilson, A.M., M.D., Professor of the Practice of Medicine in Jefferson Medical College, etc. Octavo. 1436 pages, 408 text illustrations and 14 full-page plates in colors and black. Third edition. J. B. Lippincott Co., Publishers, Philadelphia. 1911. Price, cloth, $6.00.

This handsome, large volume, consisting of 1436 pages, is one of the largest treatices on the subject of Medical Diagnosis in the English language. It is a splendid work, presenting in attractive form the data of physical and laboratory diagnosis with what combines in reality to make it a complete text-book on practice minus treatment and pathology.

It is divided into four paits: I. Medical Diagnosis in General. II. Methods and Their Immediate Results. III. Symptoms and Signs. IV. Clinical Applications.

The fact that three editions of this work have been called for in less than two years time is a remarkable record, and one that indicates on the surface at once a quick, or rather immediate recognition by the profession of the intrinsic worth or value of this volume.

The well rounded-out experience the author has had in the principal hospitals in Philadelphia fitted him well for the performance of the task which he has so ably accomplished in the bringing out of this admirable work.

AUDEL'S ANSWERS ON AUTOMOBILES FOR OWNERS, OPERATORS, REPAIRMEN. By Gideio Harris and Associates. Theo. Audel & Co., Publishers, 63 Fifth Ave., New York. 1912. Price, cloth, $1.50.

The subject matter of this book is presented in the form of questions and answers; where technical terms are used they are either explained or made clear in the answer. The answers are short and direct; giving simply the information wanted in a simple and concise manner. In fact, the object of the book is to give, in a form so simple and concise that any person can easily understand it; the information necessary for the proper operation, care, and maintenance of an automobile. It is stated that the man who is a first-class horseman will usually make a first-class driver of an automobile, or in other words, the man who shows mercy to a beast, will show mercy to his car.

This is certainly a valuable book for those owning and those expecting to own a car in the near future.

PRACTICAL ELECTRO-THERAPEUTICS AND X-RAY THERAPY, With Chapters on Photo-Therapy, X-Ray in Eye Surgery, X-Ray in Dentistry, and Medico Legal Aspect of the X-Ray. By J. M. Martin, M.D., Professor Electro-Therapeutics and X-Ray Methods, Medical Department of Southwestern University, etc., etc., containing 219 illustrations. C. V. Mosby Co., Publishers, St. Louis, Mo. 1912. Price, cloth, $4.00.

This work has been prepared for the student and general practitioner, and only such features of the diagnostic and therapeutic

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work introduced that were thought to be of practical use to the busy family doctor desirous of an intelligent understanding of this specialty, but not having the time for more extended study of the subject. One thing to be admired about this book is that it largely represents the experience of the author, and that technicalities have been avoided. The photographs and skiagraphs are from the author's private collection, introduced as practical examples of the efficiency of the methods described.

Electric and x-ray methods are receiving merited recognition as diagnostic and therapeutic agents, and the physician who disregards these methods might be accused of neglect. The general plan of this work is excellent, practical from beginning to end, and one of the best for clearness of the subject presented, and will fill the need for the general practitioner's use better than any work of the kind heretofore brought to our notice.

Second Review of Some of the Recent Advances in Tropical Medicine. Being a Supplement to The Fourth Report of the Wellcome Tropical Research Laboratories at the Gordon Memorial College, Khartoum. By Andrew Balfour, M.D., Director, and Captain R. G. Archibald, M.B., R.A.M.C., Pathologist and Assistant Bacteriologist. Published for Department of Education, Soudan Government, Khartoum, by Bailliere, Tindall & Cox, London, Depot for United States Toga Publishing Co., 35 W. 33rd St., New York City. 1911. Price, cloth, $3.75.

This Second Review, or Report, deals not merely with diseases represented in the Anglo-Egyptian Sudan, but with tropical diseases in general, thus taking in a much wider scope, and becoming a better book of reference. It is a large volume of 446 pages, elegantly printed on heavy paper, including 30 pages of index.

Below we give a summary of its contents, which will give the reader a better idea of the scope of this work than any further comments we could make.

Air, Ankylostomiasis, Anthrax, Bacteriology, Beri-beri, Beverages, Blackwater Fever, Chicken-pox, Chigger, Cholera, Climate, Clothing, Dengue, Diarrhea, Disinfection, Dropsy, Dust, Dysentery, Elephantiasis, Enteric Fever, Feces, Fevers, Filariasis, Filters, Flies, Food, Food Poisoning, Goundou, Guinea Worm, Hematozoa, Heat Stroke, Hydatid, Hydrophobia, Influenza, Insects, Leishmaniasis, Leprosy, Liver Abscess, Malaria, Malta Fever, Measles, Milk, Mosquitoes, Mycetoma, Myiasis, Ophthalmia, Oriental Sore, Parasites, Paratyphoid Fever, Pellagra, Phlebotomus Fever, Piroplasmosis, Plague, Pneumonia, Preservatives, Protozoa, Refuse Disposal, Schistosomiasis, Scorpion Sting, Scurvy, Sewage, Skin Diseases, Sleeping Sickness, Smallpox, Snake Bite, Spirochætosis, Sprue, Staining, Syphilis, Technique, Tetanus, Ticks, Tropical Medicine, Trypanosomiasis, Tsetse Flies, Tuberculosis, Typhus Fever, Vaccination, Vermin, Verruga, Veterinary Diseases, Water, Whooping-Cough, Yaws, Yellow Fever.

LITERARY NOTES.

The issue of "Harper's Weekly" for February 10th contains, among other articles, a vivid presentation of the battle between the Merrimac and the Monitor, by H. Ashton Ramsay, who served on board the Confederate vessel. It is entitled "The Most Famous of Sea Duels." Other articles in this issue are: "An Old Likeness of Lincoln," by Truman H. Bartlett; "Down With the Art Jury," by Samuel Swift; "The Humor of Spain," by Charles Johnston; "The King of Winter Sports," by Edward Bayard Moss; "The Red Flood in Germany," by Sydney Brooks, etc.

One of the most sensible as well as practical articles that we have seen for quite a while on that interesting subject "Back to the Farm" is by Dr. H. W. Wiley, and appears in the February "Century." Of course this is only one of the many interesting articles appearing in this issue of the "Century," which always gives the best of everything in literature of a high-class nature.

The January number of the "Popular Science Monthly" is a valuable issued, inasmuch as almost everything in it will interest the physician who prides himself in his general culture. The Mechanistic Conception of Life, by Jacques Loeb; The Problem of City Milk Supplies, by Dr. P. G. Heineman; The Origin and Control of Mental Defectiveness, by Dr. Charles B. Davenport, are of immediate importance to him, while other contributions on science in Paris and in China, small colleges, coral reefs, etc., will add to his mental equipment.

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Summary Gleanings

Veratrum is called for in pneumonia by pyrexia, with a full and bounding pulse.

Do not neglect the tonsils in cases of mouth breathing pointing to nasal obstruction. If they are enlarged, remove them.

A flocculent curd is the keynote to perfect infant digestion; attention, not medication, is the way to accomplish it.

Without fresh air your cases of mal-nutrition will not get well; a trip out of doors every day should be a part of the routine.

Do not rely exclusively upon topical means in treating affections of the nose. Tonics are always indicated when the general system is at fault.

Zinc phosphide is not only an excellent nerve tonic, but it is said to materially benefit the general condition in epileptics. It deserves a trial.

Ipecac in small doses, given in conjunction or in alternation with aconite, or bryonia, or belladonna, is of great service in pneumonia, especially in that of children.

Flannel cloths wrung out of hot water, and saturated with oil or spirits of turpentine and applied directly, relieve deep-seated pain in the chest, stomach, abdomen or kidney.

Acute inflammation, ulcer and carcinoma, are about the only diseases the stomach is subject to, symptoms frequently referable to the stomach, come from liver and gall bladder troubles.

Podophyllin is good in constipation where there is dizziness, coated tongue and bitter taste, and jaundice with clay-colored stool.

Codeine relieves cough even better than morphine, while the disagreeable after-effects are far milder.

Tannin and glycerin, equal parts by weight; mix, and apply several times a day, for piles. Same for sore nipples; and for excoriation and abrasion from any cause.

Echinacea has been used as a wash in purulent leucorrhea with benefit, also in extensive erysipelas with stupor and intense constitutional symptoms, with excellent results.

Tumor or a movable pear-shaped mass which can be palpated in the region of the gall-bladder indicates either obstruction of the cystic duct whith a stone and distention of the viscus with mucus, or the obstruction of the common duct by cancer and the distention of the organ with bile.

Any intelligent physician can add to his general training a knowledge of refraction that will enable him to succeed, if he makes an honest effort. He can certainly do better work than the optician, or peddler, who knows nothing of what he is doing except a few mechanical principles, but nothing of their relations to the human body.—*Dr. Ayers, in Medical Times.*

Turpentine on sugar, three-drop doses every half hour taken, and topical applications made to the throat and chest by flannel cloths wrung out of hot water and saturated with turpentine (the applied cloths covered with dry compresses), is considered a sovereign remedy for croup.

Indigestion is the earliest and most frequent symptoms of gallstones. It is not produced by imprudence in eating, comes on without definite relation to taking food, and is usually relieved by vomiting. Persistent and intractable indigestion that does not yield to treatment is usually due to some organic lesion in the abdomen, such as appendicitis, ulcer or gall-stones.—*Va. Med. Semi-Monthly.*

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The Medical Summary

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DISPENSING AGAIN.

This is an ancient topic, but we will be brief. This agitation all started from the drug trade. A traveling man who sells to physicians stated to us recently that few of the drug stores would buy anything from the supply houses that cater to physicians. Most of the houses that do sell to both druggists and physicians—for some of them do—have two prices: one for physicians, the other for druggists; the latter get their goods at a lower price. The only reason for such discrimination is that the druggist may be a more voluminous buyer. We do not make these statements in any spirit of antagonism to anybody, and if they are erroneous we invite a "comeback" from anybody whose toes may be trampled on. We are for the general practitioner of medicine first and always, but we desire to be fair to everybody.

ON DIAGNOSIS.

It is the clinician's duty to recognize every abnormal condition presented by a patient and the probable pathologic causes. Refined diagnosis goes still further—it makes clear the interdependence of various morbid states presented by one patient. An individual may have two distinct diseases at the same time; much more frequently the several conditions arise in sequence, one causing another, or all may be due to one underlying morbid process. We have known three clinicians of world-wide reputation make the diagnoses respectively: Valvular heart-disease, abdominal aneurism, organic disease of the spinal cord, in the same patient; not one recognized the three conditions present or the fact that general arterial disease was the underlying evil. Accurate treatment follows naturally upon accurate and ultimate diagnosis. In other cases, if accurate, the treatment is accidental.

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THE DANGEROUS AGE IN WOMAN.

This is the title of a book recently published across the big pond, and its advent has caused great excitement in all the large cities of Europe. A hundred editions have already been sold, and it has been translated into a score of languages. Booksellers have piled copies of this book on their shelves like cordwood, and it has sold as readily as whiskey in a mining town.

The author is a woman, one Karin Michaelis. We used to think the 'teens and early twenties constituted the dangerous age—if such an age there be—in females. This author, or authoress if you like it better, says not. According to her diagnosis, 35 to 40 is the time of most danger. It would require columns to tell why the writer believes this to be true. Woman is as a rule at her best both mentally and physically at this age. Romance has not yet entirely gone out of her life. Domesticity is monotonous and often palls upon her. Marital life is somewhat of an illusion. Connubial love does not measure up to the dreams of maidenhood. And to crown the unfortunate affair, the home is too often childless.

In an article inspired by the reading of this book, Newell Dwight Hillis, the eminent pastor of Plymouth church, in February *Good Housekeeping*, discusses the "dangerous age" from several different angles and viewpoints. He does not allot any specific age in women as being especially fraught with danger, yet between the lines he admits that there is much truth in the sensational novel in question. He says: "Middle age is the dangerous age because it is the age of disenchantment and lost illusion. By this it is not meant that the rule of life is that experience strips away the dreams and leaves women disappointed with their husbands, their children, their homes, their friends and their community. But whoever journeys out among men knows that not all women are satisfied with the man they have married, and that there come epochs in her life when the woman realizes that she does not love the things her husband loves, and that she does not hate the things he hates.

"In youth Romeo and Juliet sit with clasped hands, eating rose leaves, and the very fog bank is made glorious by moonlight. At last there comes a time when tinkling raindrops no longer stand for music in the ears of youth, but the dampness suggests for old age rubber overshoes, red flannel and gooseoil for a sore throat." Dr. Hillis states that it is the shattering of these idols and ideals early in life that quite often prompts the woman of middle age to take a last-chance, now-or-never venture from the straight and narrow path of rectitude. "Others have walked the primrose path of dalliance, why should she not pluck at least one flower and slip back into the path before anyone finds it out? Who built the hedge and shut the soul in? If men break down the hedge and go out to loot the world, why should not a woman? She forgets the gate of Eden was to shut serpents out, not to close souls in."

Womankind being peculiarly amenable to suggestion, sex literature of a psychological rather than a scientific trend is calculated to exert more harm than good.

THE POST-PARTUM STAGE.

The clearing out, shrinking and rejuvenation of the uterus after confinement varies remarkably in women. Some are as strong at the end of three days as others are after three weeks have elapsed. Subjective strength and a sense of well-being are not, however, always safe criteria on which the woman can base her behavior. It takes thirty days for involution to complete itself. Sometimes the uterus has not resumed its normal size and condition for six weeks. And if the woman persists in being on her feet too much and doing an undue amount of work, subinvolution may follow.

Since the recumbent position is desirable for a number of days after delivery, obstetricians and nurses have too often gone to the extreme of keeping the woman flat on her back. This is all wrong. A supine position too long maintained favors hypostasis and prevents clots and debris from being freely expelled. There are seldom

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present such pathological states as will preclude the woman arising to pass the urine and feces. If she can assume an upright position for this purpose it makes for her safety and health. The woman who is kept flat on her back and her urine and feces thus passed may get along normally; too often she does not for reasons quite obvious. Getting up does not hurt the woman just recently delivered; it is the staying up that hurts her.

The decupitus of the lying-in woman should be varied. Above all, she should not lie constantly on her back. If involution is slow, no position is so salutary as lying on the stomach a part of the time. The woman should occupy a recumbent posture the greater part of the time until three weeks have expired. It is not, however, absolutely necessary in all cases to remain in bed the entire first ten days. But she should avoid being on her feet too much or doing anything requiring severe straining or lifting until the process of involution is about complete.

INTESTINAL SEPSIS IN OCULAR AFFECTIONS.

The above is the title of a reprint article by Dr. Samuel D. Risley, Philadelphia. The article is ably written and reflects careful study and research on the part of the writer. He takes the stand that many ocular affections, cataract as well as many conditions of lesser severity, are often due to toxemias originating from the intestinal canal or from insufficient renal elimination. Constipation and its consequent autotoxemia, coupled with insufficient food, bad hygiene, poor teeth, etc., are far-reaching in scope, especially in the effects upon the neuro-vascular systems. Ocular blood pressures and congestions often are either directly or indirectly traceable to the absorption of septic matter from the alimentary canal.

It is true that we do not know all about auto-intoxications, but we do know that this is the key that unlocks many seemingly obscure abnormalities. Many of the affections in children for which glasses are so frequently prescribed would be better met by calomel and salts, good hygiene and wholesome living. Any treatment will prove unavailing if the eyes are still overused and abused. The writer states that he seldom operates for cataract without first having administered cathartics to the patient. He points out the far-reaching drainage, even to the eyes, of thorough elimination from the intestinal canal. Dr. Risley does not operate for cataract until the alimentary canal is freed of its toxic and microbic elements, the urine of normal specific gravity and free from indican, albumin and excessive acidity, and the blood pressure approximately normal. This salutary state will, according to the author, be rapidly brought about by the daily or triweekly administration of sulphate of magnesia or some of the other alkaline earths.

DISPENSING DANGEROUS DRUGS.

We sometimes can't blame certain individuals and sects for being knockers on strong drugs and accusing us of drugging (?) our patients. We do not believe that drugs are dispensed as safely and as sanely as they should be, that some drugs should be left unmanufactured and that certain formulas and combinations carry with them too much danger. It is no uncommon thing to read in the daily prints of some child succumbing to samples of pills thrown on the porch. A few weeks ago a girl in a western city, died from a douche in which a bichloride of mercury tablet had been dissolved. Bichloride of mercury as an antiseptic is not needed at all, and can be replaced by numerous other safe agencies. We also recently called attention to a case of poisoning in which the young woman had taken a one-grain tablet of morphine. Why should this or any other drug be put up in a dangerous dose? And what is the use of cyanide of potassium and other deadly drugs? They may kill all right, but can never save a life. Strychnine is a drug that has been woefully misused with a view to "stimulating the heart." In times past aconite was used in a way that did more harm than good. It is a drug which may do good sometimes, and when given as aconitine the dosage is de-

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finite. Quinine is not a harmless drug—in fact, it does harm almost invariably when given in large doses for some length of time. Let us not be drug nihilists—they are useful and many of them are curative—but let us prescribe intelligently and try so far as possible to eliminate dangerous remedies. We are all gradually getting around to smaller doses and more of them, if necessary, and in the future much of the trashy, dangerous stuff we have been using will be thrown out.

WHAT SHALL I GIVE THE PATIENT?

This is the question that confronts the physician many times a day. Your box of pills or your hieroglyphics on a prescription blank may spell hope to the patient. But do you always stop to think, doctor, that you are giving the patient a part of yourself? You are doing it, although it may be subconsciously. We can't possibly get along without surgery and pills, it is true, but after all the greatest healing agency in the world is the subtle, intangible something known as psychic power. We can't define it clearly—yet. It nevertheless exists. Psychotherapy is only in its infancy, and inexplicable as it may be, it is a reality. . Give the patient a part of yourself, doctor. Take time to study his case from both symptomatic and psychic viewpoints. Imbue him with courage. An iron will is the greatest antitoxin in the world. Let the patient know that your interest in his case is intense and from the heart. Apply your psychotherapy through simple and human agencies. Do not bore him with your superior knowledge. Try to overcome his morbid introspection and get him on a hopeful and optimistic plane.

After these things have been done, your medicines will take effect. Tell him about what results he may expect from the medication, making broad and general assurances. Hopeful expectancy is a mighty adjunct to any remedy, provided the patient is not too far removed from the "earth earthy." The patient needs the physician himself as much as he needs his prescription pad.

A MATTER OF EUGENICS.

The Kansas legislature has for its consideration a bill which in the event of its becoming a law will make marriage less easy. The contracting persons to the matrimonial alliance will be required by law to publish the announcement of their marriage a few weeks in advance of the event. Furthermore, the man and woman must be subjected to a medical examination and given a clean bill of health before marriage can be consummated. Our civic authorities and the people in general decry the too frequent granting of divorces. The fault does not lie so much in our lax divorce laws as in the ease with which people enter into the bonds of matrimony. Much suffering, poverty and disease can be spared whenever we have universal laws by which people enter upon married life with serious forethought.

DEFINITE DIAGNOSES.

We are arriving at exactness in the matter of diagnosis. Loose and elastic terms are now being eliminated. "Malaria," "typho-malaria," "lazy liver," "hysteria," "neurasthenia," "railroad spine," and other terms lacking in definiteness and perspicacity are going out. With our modern knowledge of microscopy, urinalysis, vaccine reactions and a more exacting study of disease from a clinical point of view we are coming more and more to recognize pathological states rather than disease names. After all, disease names are useful only to satisfy the minds of patients. It is the central aim of the physician to recognize pathological processes in their very incipiency before symptoms are strongly in evidence. A tuberculosis or nephritis, for instance, ought to be discovered before the prominent clinical phases are manifest.

To retain cotton on a probe, rub a little wax on the probe, warm slightly, and wrap the desired amount of cotton on. The wax cools and retains the cotton and can be warmed again and the cotton readily removed.

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Leading Articles

Brief and practical articles, short and pithy reports of interesting cases in practice, new methods and new remedies as applicable in the treatment of diseases, are solicited from the profession for this department. ¶ Articles contributed for the Summary must be contributed to it exclusively. ¶ Write plainly and on one side of the paper.

The Editor is not responsible for the views of contributors.

TREATMENT OF ABSCESS AND FISTULA OF THE RECTAL REGION.

By Rollin H. Barnes, M.D.

Editor of The Proctologist, Professor of Proctology in the American Medical College in Affiliation with Barnes University. Formerly Professor of Rectal Diseases in St. Louis College of Physicians and Surgeons.

The origin of fistula is the abscess, and in order to be able to handle your patients properly that are suffering with an infection of pus forming bacteria in this region it is necessary that the general practitioner is able to recognize the abscess formation. If the abscess is properly treated few in- in fatty digestion as antacid.

From my experience with fistula I am satisfied that few general practitioners really know or realize the importance of the early recognition or care of abscess in this region. I had recently a patient that illustrates how these are treated generally. A young man of 23 years, five years ago, had an acute infection of the right ischio-rectal fossæ. The physician consulted stated that he did not know whether it was abscess or a boil. He opened it but not correctly, instead of remembering the rule for opening an abscess of this region, if he had ever been taught proctology in his medical school. He made his incision far enough posteriorly but not anteriorly. It was very evident for the abscess extended anteriorly into the perineum, whereas they mostly extend posteriorly toward the connection with the space of the opposite side.

Remember to make your incision as long or a little longer than the greatest width of the abscess cavity so that there is no blocking by the overlaying skin to your drainage. This physician failed to open the abscess cavity far enough anteriorly, the overlaying skin blocked the drainage, and the infection extended in that direction.

Many text-books speak of curretting fistula and abscess cavities. This is wrong. Remember that you have an infected wound and that mostly infection extends by the way of the lymphatics. In curretting you not only open the lymphatics but you rub in the infection. Never currette an infected wound.

Another statement that is largely followed is the packing of wounds. You may pack a wound if you desire to stop bleeding, but this is rarely necessary in abscess or fistula. If you use gauze be careful to lay it in the wound straight. If you as a boy remember when the coal-oil lamp was in general use that occasionally the wick became folded upon itself, and the lamp would not burn, so it is with the pus secretion we wish to drain from the infected wound of an abscess or fistula. Rubber strips or rubber tubes may be used for drainage, and sometimes in shallow cavities it is better not to use any of these materials, for the wound will heal better without them.

I have seen cases, in which the wound made to open the internal opening (so-called) in the anus, healed, leaving a sulcus. This is the result of packing, and in many of these cases the continence is not perfect. I have seen these results not only where the sphincter had been cut but in cases where the tract connecting with the anal canal was external to the sphincter which had not been cut.

The treatment of fistula largely follows the principles used in the treatment of abscess. The fistula is often more complex, and it takes closer observation to outline how (and where it extends) the opening up should be, but we must always keep in mind that the object is drainage.

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As a rule there is less danger in opening too little than too much. We should remember that we should not cut muscle fibers at right angles to obtain free drainage except when it is absolutely necessary. Never cut muscle fibers at an obtuse angle, rather separate the fibers. The most frequent example of the necessity of cutting the muscle fibers at a right angle is the external sphincter and remember that its fibers are not circular to the bowel wall but extend from the coccyx to the perineal body.

The after-treatment is of great importance. Examine the wound carefully every day and do not allow any bridging over to take place that will obstruct drainage. Separate such places with a probe or some dull instrument. Remember when these become firmly attached that it is painful to separate them.

Remember that the time to cure these infections is when they are abscesses, and I hope that this short effort will stimulate some of you who read it to be more careful and pay attention to these patients early, for you will prevent a world of suffering.

Metropolitan Bldg., St. Louis, Mo.

*RECURRENT VERTIGO FROM HYPADRENALISM CURED BY OPOTHERAPY.

By Tom A. Williams, M.D.

Editor, Corresp. Memb. Paris Neurological Society, etc.; Neurologist to Epiphany Dispensary, Washington, D.C.

This case was referred to Dr. Wilfred Barton, of Washington, on account of his belief that the patient had psychasthenia, with request for instructions as to psychotherapeusis. She was a woman of 29, subject to attacks of vertigo, and in great fear of going outside of the house in consequence. The patient when I examined her showed a complete absence of hysterical tendencies, *i. e.*, there was no higher suggestibility, nor were there any psychasthenic stigmata; so I concluded that the case was not psychasthenic.

Physical examination was negative with the exception of a slight exaggeration of the deep reflexes and a great bruisability of the skin. Naturally the examination of the cerebellar and labyrinthine functions was very minute; but it showed no anomaly whatever. The patient used to have these vertiginous attacks suddenly, irrespective of any difference in psychological state. She would fall forward, not unconscious, but completely vertiginous. Objects went round, and the floor seemed to ascend and hit her in the face. I therefore believed that she had no psychasthenia, but functional instability of the vaso-motor apparatus, possibly including that governing the vestibular centers or the labyrinth, as when an attack occurred there was a roaring in the ears. On considering the bruisability of the tissues, I thought that this might be due to a lack of adrenalin. Believing then that these attacks were possibly due to a morbid dilatability of blood-vessels, with consequent hyperæmia of the vestibular apparatus in some part of its course, I suggested adrenal substance. This was given, and the attacks ceased for several months. Then she was three months without adrenal substance and had an attack. Then continued adrenal, and has had no attack since. The "phobia" has disappeared, as was to be expected, it being in reality a fear of falling natural in the circumstances and not a true phobia.

1758 K St., N.W., Washington, D. C.

*Philadelphia Neurological Association, Oct., 1911.

SUGGESTIONS IN TYPHOID.

By D. W. Reed, M.D.

In the February number of the Summary, page 369, is an excellent report of a long tedious case of typhoid fever, upon the management of which I wish to offer a few friendly criticisms and suggestions. If some reader sees fit to criticise the critic's criticism, so much the better. "*Let in the light.*"

First, I wish to highly commend the doctor's idea of thoroughly cleaning out the alimentary canal at the very beginning of the treatment. I would suggest a large dose of epsom salts to follow the broken dose of calomel, etc., in order to flush out as many of the typhoid germs as possible. I also heartily agree with the doctor in his use of hydrotherapy as his chief antipyretic.

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No other antipyretic known is equal to an intelligent use of water. An excellent addition to the treatment would have been a wet sheet pack after the hot blanket pack, or cool compresses over the entire trunk from chin to thigh, as well as to the head. These should be renewed by wringing out of cold water as often as they get warm. Now, my chief criticism is that the doctor "added fuel to the flame." No fireman who is "on to his job" would expect to extinguish a large fire by pouring or sprinkling on coal oil or any other combustible material; and no doctor who is familiar with the bacteriology of typhoid fever will feed his typhoid patient with the most excellent culture medium known for the development and distribution of typhoid fever bacilli.

Every physician of the 20th century should know that milk is the most favorable medium known for the development and distribution of typhoid fever germs. Then why does the doctor feed his typhoid fever patient milk?

Authorities? Yes, we have many obsolete authorities for it, but we also have obsolete authorities for bleeding patients for all sorts of ailments; but these ancient authorities are seldom followed at the present time. With our present knowledge of bacteriology and how disease germs are cultivated, distributed and destroyed, it seems that there is almost no excuse for feeding a typhoid fever patient milk, except buttermilk containing a large percentage of lactic acid. The doctor mentions giving his patient salol. That certainly was an act in the right direction—to make the alimentary canal an unfavorable place for the development of the germs producing the toxins which cause the fever. Now, if he had followed up this idea by feeding the patient food that would *nourish* the patient but *starve the germs* his idea would have been most excellent indeed.

Such a diet is any sort of fruit that contains a fruit acid. The best of all is probably the juice of grapes. The tartaric acid of grapes not only greatly retards the development of typhoid fever germs, but it is an excellent drink for the patient, and it is nourishing. You will all remember that your instructor taught you in your course in bacteriology that your media must be *neutral* or *slightly alkaline* in order to produce a tremendous growth of germs in your test tubes and petri dishes in the incubator. If, then, we wish to inhibit the growth of the germs we will render the media *acid*. Therefore, if we do not wish our patient to lie "flat on his back" for "fifty-four days" or longer, acidulate his alimentary canal and *keep it acid*.

Any kind of stewed fruit containing acid, acid buttermilk, even hydrochloric acid added to all the water the patient drinks, will greatly inhibit germ growth and make relapses far less frequent.

I will not call it "aborting" the disease, but just call it starving the germs to death and feeding the patient.

One more point of criticism, if your patience is not already exhausted, and that is upon the administration of coal tar antipyretics. These antipyretics do indeed make the temperature lower for a time, but how do they do it? By eliminating the toxins from the body of the patient? No; but by depressing the vital forces by producing a species of paralysis which not only does not aid in the excretion of toxins, but greatly inhibits such excretion so that when the effect of the drug is gone the patient is in far worse condition than before the administration of the antipyretic. So then success in treating typhoid fever depends upon two fundamental principles:

1. Clean out the alimentary canal and keep it clean with salol, sulphocarbolates, and acid.

2. Apply hydrotherapy internally, externally and eternally.

The writer has followed this method for sixteen years and has never lost a single patient, and has never had but one patient whose fever lasted more than 21 days, and nearly all are convalescing in from eight to twelve days.

Above it? No; I just make the alimentary canal an unfavorable place to develop bacillus typhosus, and he dies a natural death. An after thought, in a doubtful diagnosis of malaria, the microscope will clear up the diagnosis, and in typhoid fever the Diazo and Widal reactions are helpful.

Greely, Colo.

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THE MAXIMUM DOSAGE OF WELL-KNOWN DRUGS.

By Douglas H. Stewart, M.D.

My experience with the few drugs shortly to be mentioned combined with an apparent innocence of physicians as to maximum dosages, leads me to think that if the occurrences were narrated just as they happened, they might make an after-dinner speech which would be received with the well-known "applause and roars of laughter." But the aforesaid occurrence would be only too easily traced to their sources, and any jesting would smart like the hornet's sting.

Aconite is a well-known poison rightly handled and labelled as deadly, but many physicians would be surprised to learn that two hundred grains of the powdered root have been taken and recovered from. It is a drug which manifests its effects in very small doses; from the therapeutist's standpoint five drops, of a good preparation, given in divided doses throughout a day are about as useful as the same amount given three times a day. For this reason the dose is minute and not because it is so very poisonous.

Flemming's tincture seems to be a standard preparation, one usually considered very active, but an ounce of this has been swallowed and recovered from; yet it is about seven times as strong as the U. S. P. recommends. My opinion is that while the small doses in use are advisable, yet they may be also safely increased if the increase be deemed indispensable. And because a patient has taken a half teaspoonful (or a full one) is no reason for abandoning hope since probably no permanent evil will result unless it comes from the "scare" which seems to be the harmful but unnecessary accompaniment of aconite overdosage, due (or so I believe) to a widespread belief in the absolute deadliness of the drug. Thus upon the discovery of any mistake in which aconite is a factor, this erroneous belief causes the patient, his friends or relatives to be fairly palsied with fear. Usually nothing happens if the physician does not get "rattled" and push his antidotes too far.

The extremest "rattles" that I ever knew was one in which a mother gave her child a teaspoonful of furniture polish by way of antidote. This occurred because the label on the aconite bottle was the usual death's head, one with the word "Poison," and the furniture polish stood close by with the plain words "Not Poison" on its label. The dose of the aconite was to be one drop, but the mother put in three or four, gave it to the child, and realized the "awful thing she had done." So knowing the furniture polish was "not poison," she administered that as a corrective.

Perhaps there would be many fatalities from the wide-spread domestic use of aconite were it not for the fact that the usual total amount of the tincture on hand is an ounce as a maximum, and practically but a fraction of this quantity is the rule, so that if the whole family supply were swallowed it would possibly be recovered from after a day's rest in a well-blanketed bed.

The fluid extract of solanum carolinense used as a substitute for pot. bromide, has caused groundless scares. Its printed label, sometimes with skull and cross-bones, sometimes simply stating the dose at one to three minims, seems to be an error. Because anyone familiar with the action of solanum would hardly give less than three or four teaspoonfuls a day, or even more, taking due precautions that the patient does not become intoxicated by the amount of alcohol which it contains.

As to phenacetin, naturally everybody knows all about that, except the facts that it has been given in ninety-grain doses, that sixty grains a day have been given for two weeks without apparent harm, that an ounce and five drams in nineteen days, and one ounce and one dram in twelve days have been administered.

Perhaps some of the profoundest alarms are due to the doses printed in the Pharmacopœia, yet that book plainly states that its dosage depends on "average" dosage only. But one man aroused the doctor at night—no matter—imagine a comet in pink pajamas. If I narrated this incident it would sound like a vaudeville sketch. Imagine a druggist consulting the Pharmacopœia on the subject of sparteine sulphate, discovering that the dose there given was

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one-fifth of a grain, and that his relief clerk had put up a prescription calling for four grains per dose. Imagine also the remorse (or whatever it was) caused by the certainty that at least two doses must have been administered before the "mistake" was discovered. I forgave the poor devil everything, pink pajamas and all. Sparteine sulphate in my hands is inert in any dose smaller than one grain and (if the patient has a competent nurse) the desired therapeutic effect may be looked for at four grains or over.

Sodæ salicylate has a maximum single dose of sixty grains. Cotarnine phtalate (styptol) may be given in four grain doses hypodermically. Codeine has a maximum dosage of five grains a day. It is certainly perfectly clear that I do not desire to recommend the common use of maximum dosage, but I do desire to draw attention to facts as they are, and should this little paper stimulate the study of toxicology, ever so little, then my end will have been accomplished.

128 W. 86th St., New York City.

TONSILITIS.

By M. A. Blanton, M.D.

It appears to me, as the spring months are at hand, that a review of the etiology, pathology, symptoms and treatment of tonsilitis, is seasonable. And while this paper is written without any claim whatever of anything new or original on the subject, I have strictly avoided plagiarism.

We learn that there are two varieties of this malady—the acute follicular tonsilitis and the supurative tonsilitis or quinsy.

Various authors subdivide acute follicular tonsilitis into lacunar, aphthous, ulcerative, herpetic and necrotic forms—classifications that are pathological rather than etiological or clinical. Follicular tonsilitis may present any or all of such lesions, according to its severity or extent, so it is at once confusing and undesirable to describe these lesions as separate diseases.

The tonsils may be the seat of syphilitic, tubercular, carcinomatous—ulceration or lupus—and may be included in the general spread of the inflammation of stomatitis, especially mycosis; but these conditions do not require separate consideration.

Acute follicular tonsilitis may be defined as an acute catarrhal inflammation involving the tonsils, and characterized by local signs of inflammation, sore throat and a fever which is brief but severe. The disease is most common in the spring and autumn months, and chiefly affects young adults and those in middle life. Owing to atrophy of the lymphatic system in the throat, it rarely attacks persons in old age.

Many persons have recurrent attacks once or twice a year, and the disease may affect a household, being to some extent epidemic. Predisposing causes are debility, taking cold through exposure, indigestion, and the inhalation of sewer gas. Many authorities believe rheumatism to be a causative factor in producing tonsilitis.

Scarlatina and other infections are sometimes associated with it. No specific microbe is found, but the many germs in the throat multiplied, notably the pus-forming germs. Pathologically considered we find redness, injection and swelling of the tonsils and uvula. The crypts of the tonsils are distended with masses of fibrin, bacteria, degenerated epithelium and leucocytes. These masses have a yellow-white color and may be squeezed out. Usually they are isolated in spots, but they may appear continuous, and being glazed with a thin layer of exudate, suggest diphtheria. Usually resolution is complete, but a few of the cheesy spots may remain, calcify and form white spots.

Pseudo-mambranous or necrotic tonsilitis is a variety in which a thin gray membrane spreads over the superficial necrosis of the mucosa and may extend upon the soft palate uvula and sometimes the posterior pharyngeal wall. Attempts to detach this membrane with forceps may leave a bleeding surface. After four or five days the tonsils heal and the membrane shows no tendency to reform. This variety is distinguished from diphtheria in the membrane showing no tendency to reform and by the absence of the Klebs-Loffler bacilli. Exceptionally this form of the disease may appear primarily, but it is more often an accompaniment of scarlatina. The first symp-

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tom is frequently an intense muscular weariness progressing to severe aching of the legs and back until the patient feels as though he had been pounded.

In other cases the first symptoms are a feeling of rawness in the throat at the pillars of the fauces, or perhaps pain on swallowing. At the onset there is a chill or chilliness, the tongue is heavily coated, there is frontal headache, and sometimes nausea. The temperature rises rapidly to 104° or 105° F., with a quickened pulse. The temperature is irregular with morning remissions lasting for three or four days, and may end abruptly or slowly. The lymphatic at the angle of the jaw are swollen and the neck may be quite stiff. The fever and pains subside within 24 to 36 hours, and the patient is usually well within five or six days.

Local examinations show one or both tonsils to be red and swollen. One of the principal diagnostic features, however, is the appearance in the tonsils of isolated groups of yellowish spots, which vary in size from a pin head to a quarter of an inch in diameter, and which can often be removed when the surface beneath appears uninjured. A thin glaizy white exudate may cover the greater part of the tonsils, which however does not appear as thick or consist of grayish-white as does the diphtheritic membrane. The portion of the tonsils between the yellowish membrane looks vividly red. The inflammation is confined to the glands and generally does not extend beyond, as in diphtheria.

In the majority of cases the diagnosis can be easily made by the gross appearances in the throat, but the two diseases may coexist and tonsilitis with extensive exudate may so closely resemble diphtheria confined to the tonsils, that it is impossible to differentiate the two diseases without a bacteriological examination.

In country practice where we are far removed from laboratories, it is best to err on the side of safely and call all suspicious cases of tonsilitis, diphtheria, and so treat them.

Supurative tonsilitis or quinsy is an acute supurative inflammation of the stroma or peritonsilar tissue, accompanied by severe constitutional disturbance, local pain, swelling of one or both sides of the throat and rupture of a tonsilar abscess.

The etiology is much the same as follicular tonsilitis. The pathology is similar except the inflammation extends much deeper, invading the stroma with purulent infiltration. On the whole the clinical picture is that of severe follicular tonsilitis, but the patient is much more ill and the local symptoms are more severe and distressing. On the second or third day fluctuation may be determined in the tonsils, and usually by the fifth or sixth day the abscess ruptures spontaneously, if not opened earlier.

A condition of advanced septicemia may occur in cases in which the pus is allowed to burrow, although the tendency is to spontaneous recovery. This variety is distinguished from follicular tonsilitis by the greater severity of the local symptoms. The patient can scarcely swallow or open his mouth. The tonsil is greatly swollen, and if the finger can be passed to it a sense of fluctuation is obtained which is highly diagnostic.

In the treatment of the follicular variety, it is necessary to isolate the patient, especially from children, as the disease appears at times to be communicable. During the attack the patient should remain in bed, and pounded ice mixed with linseed meal should be placed in a container and applied to the throat. If ice be not obtainable, cloths should be wrung out of cold water and applied to the throat with frequent changes. The scruples of the laity largely prohibit this part of the treatment, so the ice pack and cold water is practically useless outside the hospital.

Peroxide of hydrogen diluted with six parts of water should be used as a spray once in two hours in alternation with a gargle, composed of chlorate of potassium, 2 drams; glycerin, one-half ounce, and water to make six ounces. At the onset five to ten grains of phenacetin should be given to relieve the muscle pains and reduce the fever. To a child it is better to use aconitine for this purpose, according to Shaller's rule. Ferric chloride should be given in fifteen to twenty drop doses every three or four hours in little glycerin during convalescence. Quinine, salol and benzoate

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sodium each have their places. The bowels should always be cleansed by a purge and rendered as nearly aseptic as possible by the use of salol or the combined sulphocarbolates.

If there is a probability of a mixed tonsil-diphtheritic infection, an early injection of antitoxin should be used. Suppurative tonsilitis demands the same treatment in the main as the follicular variety. However, hot applications to the throat seem to do better than cold. An early incision of the tonsils is demanded.

Baileyton, Tenn.

THERMO-THERAPY (DRY HOT AIR).

By H. J. Chapman, M.D.

There is no single therapeutic agent capable of more good, properly used, than dry hot air. Nearly every doctor to-day possesses some knowledge of its therapeutic value, yet there are very few making daily use of it.

There is very little danger in its application; in fact, none outside of a few slight burns, that heal in a few days without the slightest attention being necessarily paid to them, nothing further being required than to keep dirt and filth away from them.

A safe way to begin the practice of hot air therapy, after installing the necessary instruments, is to make a practical application of the different treatments one proposes to give, and in this way one sooner becomes perfectly familiar with all the details, and is less liable to carry a treatment too far.

It seems to me that in cold weather I have noticed that patients will take a higher temperature than they are willing to stand on a hot summer day. I have never noticed that any writer has mentioned this. I have so many times noticed it that I have been forced to accept it as a fact and mention it at this time.

I have just recently installed a Betz dry hot air body apparatus for treating the entire body. I have for several years been using the smaller hot air apparatus put out by the Betz firm for the treatment of the extremities and any part of the body, and met with such singular success that I feel it my duty to narrate a few of the cases that this treatment is specially adapted to; in fact, there is no diseased condition that can not be benefited in some way by the proper application of dry heat. The first thing that nature does to restore when any serious trouble occurs is to increase the temperature by bringing on a fever. As I started to say above, one of the best ways to become proficient in the hot air treatment is to make yourself the patient and take some treatments yourself. They will do you no harm, if nothing ails you, and you in this way can speak from experience.

I made a public demonstration before a number of patients on myself, with the body apparatus, as soon as I received it, and I have never felt finer in my life since. I remained in the machine the first time one hour and thirty-five minutes at a temperature of 290 degrees F., and the second time one hour and twenty minutes at a temperature of 315 degrees F. I sweat out 3½ lbs. each time, so that you see it had some effect on me.

In the latter part of June, 1910, Miss N. M., of Illinois, came to me through the solicitation of some friends she was visiting. She was 67 years of age, frail woman, weight about 95 pounds. In giving me the history of her case, she had got ivy poisoning hunting blackberries four years previous, which left a running sore extending all the way around the ankle. She went to her family doctor, who treated it for some four months, with no success, and the leg almost to the knee was eczematous. She then tried another doctor, who told her the sore needed a cauterizing medicine that would eat out the diseased surface before the sore could heal, and that she applied the medicine until the loss of blood it occasioned became alarming.

The next doctor told her that a cure was impossible, and that she need not hope for a cure; amputation of the limb would be the only relief, and she added, "Doctor, I believe this man was honest and told me the truth. I have made up my mind to have it amputated; the awful suffering that I go through and the sleep that I lose with it has almost distracted me." I told her what

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I believe that hot air treatment would do for her, and she said, "Doctor, don't talk that way; I don't believe one word you say." "Then why did you come to me?" "To please the folks I am visiting."

This was on Monday morning, and I had made arrangements to start for Chicago on Saturday evening to take some post-graduate work, and explained this to her, but told her that would be ample time to relieve her and that should she need some more treatments, I could give them on my return. I gave her a treatment in the Betz arm and leg apparatus at a temperature of 450 for one hour and twenty minutes, and told her to return on the following day, but she could not do this on account the folks she was staying with could not bring her, but came in the day after, the most delighted woman I ever saw. The first word she said was that she knew that I could cure that just as I said I could; that she had slept soundly both nights she had been away, and that the burning and itching had hardly bothered her at all. The medicine which I gave her, an ointment, consisted of:

℞ Spts. camphor .....ʒiij.
Tr. iodine .....ʒiij.
Glycerin .....ʒj.
M.

It relieved the itching perfectly. Whenever she felt any itching she applied the medicine instead of irritating it by rubbing or scratching it, but she had not been doing anything of this sort, as she had been cautioned against it before. She took other treatments on Thursday and Friday, when the sore was nearly healed.

She was among my first callers two months later on my return from Chicago, and was in the best health she had been in for years. A dark colored skin extending around the ankle about four inches wide, and causing her no pain or inconvenience, was all that remained of her former trouble, and her body weight had increased to 130 pounds.

One more case, Mrs. Nettie M., of Logan, Kans., came to me with a lump in the right breast, that had been there for several years, and through the advice of a lady friend had been let severely alone. This was in April, 1910, but lately it had begun to inflame and gave her considerable pain. I never saw a woman that was in greater agony over her condition, made worse by the gloomy pictures held out to her by her lady friend, whose mother had died of cancer of the breast.

On eamination I found a soft spot in the center of the lump in the breast, and advised her to let me lance it, which almost took her off her feet, as her friend had strictly forbidden any cutting. I put the proposition up to her if she wanted her friend or me to manage her case, when she decided it would be more sensible for me to. I lanced the breast and got about one dram of pus, sponged the breast off with alcohol, after washing out the cavity well with peroxide; put on the necessary wrappings, and applied dry hot air for one hour at a temperature of 440 degrees F. She remained over night, and the next morning the gathering in the breast was less than one-fifth the size it was the night before. Upon removing the crust of blood that closed the opening, I found about two drops of bloody water. I prepared the breast the same as the night before and repeated the hot air treatment for the same length of time at the same temperature.

I examined the breast again in about three weeks, and could feel no bunch or tumor, and the mark of the knife was barely discernable. She has remained in perfect health ever since, and the man that could convince that woman there was nothing in hot air therapy would be going some.

Let me say in conclusion that while one can do such things as I have narrated with hot air, a man can have failure and get into trouble with it if he does not thoroughly understand its technique and practical experience is worth all the rest. A person with a sluggish circulation can not stand these high amounts of heat so readily as the young, and this occurs in both the young and old. 330 degrees is high enough to get the best of results in most cases, but anything under this is likely to not have a satisfactory effect. And last, but not least, the selection of hot air apparatus is, I believe, the most important. I have no instrument maker to boost or tear down, and I have tried several different makes, but

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those manufactured by the Betz is the only one that meets every requirement and has given me entire satisfaction. I say this because I wasted some money in finding it out.

Speed, Kansas.

THE MORPHINE HABIT AND ITS CAUSE.

By C. E. Patterson, M.D.

Having been in the work of curing morphine and liquor habits now for eighteen years, it seems my experience should be of some benefit to the profession, if not to the public. Considering what the medical profession in general say of a cure for either drug or liquor habits, it is almost like crucifying yourself to as much as say that you treat such cases, but when the great majority of my cases come from the medical profession, and medical nurses, why they should say as they do of a cure for these habits I cannot conceive. Perhaps because occasionally a cured patient will relapse, they will cling to such an opinion, and emphasize it through the journals of the failures of such treatments, and I am sorry to say many journals will accept an article of condemnation of a thing at any and all times without even an investigation of the facts; while to the contrary no matter how successful you are, not an article will they accept telling of your success, even were it to be the means of saving all the doctors there are in the medical profession, who are at present addicted to the use of some drug, and they are no small number either, and I know whereof I speak. And then I would ask, what is the disease that any doctor treats, that he can make them so immune from it, that the same cause will not produce the same effect again? Vaccination comes the nearest ot it of anything I know, and yet, when Jenner made the assertion that such was a fact, the medical profession was almost ready to burn him at the stake, without even investigating what he said, and let many die before they would accept his discovery, for fear their fixed opinions would be knocked flat.

Now, in regard to the treatment of drug cases, if you would stop the effect, you must first search for the cause. All will say in one voice, why it is the drug they use which is the cause. But I say, No. Where is the doctor who knows so little but that knows opiates, liquor, chloral and in fact any stimulant will, if used for a length of time, so fasten itself to him that he cannot free himself from it without help. Now what was the primary cause? My answer is, ignorance. Lack of understanding that any doctor should have. Then what has got to be one of the first things in a treatment to cure such a case, in order that it may remain cured, to get rid of the drug, or to get him to understand, there was something lacking in his brain make-up?

Some men can only profit by their own experience, and have really got to have the experience before they can know, and like some children, have to be burnt several times before they can realize a stove is hot, and will burn, and while fire only burns the flesh, drugs are fire that burn the very soul, and yet doctors even will relapse. What would you call a child that would insist on repeating his burns on the stove? Could a doctor be exonerated from the name any more than the child?

Now, with all cases whom I can succeed in waking that inner consciousness to a sense of understanding I can cure. But to those cases who are clothed so thickly with material mire, they will relapse. I get them so they do not have to take drugs, but the primary cause still remains; call it what you will, aside from the drug, but not that, as the drug is now gone and the effects removed that made the call for it.

And now as regards the laity. If doctors are in the majority as drug takers, God pity the people, who are obliged to call upon them for advice in regard to their many ills. I see that the International conference at The Hague are trying to start a campaign against opium using. As one of the means of prevention of the habit they recommend the prohibition of the use of opium, except under medical supervision. Now, in eighteen years' experience, I do not recall a single case that did not start originally with some doctor's prescription. And among the laity my relapses have been caused by some doctor

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giving codeine or heroin, being so deficient in understanding as to think that if a patient did not know he was taking an opiate he would not become addicted to it; and with so little knowledge as to tell his patients that codeine or heroin would not produce a drug habit.

Look over your medical journals at the favorite prescriptions of some of the so-called noted physicians, and see how many cough syrups there are prescribed that do not contain heroin or paregoric or codeine. Go to your noted specialists on the nose and throat, and get a prescription and, how many will not contain cocaine or something of its nature?

Now, I ask, is Burney's snuff, full of cocaine, any worse to produce a habit, than some noted physician's prescription containing the same? Is a home cure for drug habit, loaded with morphine (and I assure you my sympathies are not with any such a cure) any worse than a cough syrup loaded with heroin or codeine?

And now I would ask you, what are you going to do about it? No teachings in your medical college telling one how to get rid of it, should he have been so unfortunate as to have contracted a habit. No teachings telling you how to free a patient, should you have been careless enough to have been the cause of one's downfall. The medical profession in general standing back without even an investigation and condemning every one who is actually having success, judging merely by results obtained by unscrupulous brutes in the form of men, who would claim to cure you at your own home, or in three days at their place, etc., etc., their only aim being to get your money; and I am sorry to say such tempting cures will get 100 to 1 of any legitimate cure, who is working really for the benefit of humanity. You place a straight legitimate adv. in a medical journal, telling the exact plan of your treatment and exact truth; there will another appear right by the side of it, an absolute lie from start to finish, but worded so nicely that your adv. is only a profit to the journal. None to you. And still the question remains unanswered, what are you going to do about it?

I sometimes get so disgusted with the ways of the world that I feel like throwing up the work I have been engaged in of saving lost souls, as a result of habits, for now eighteen years, and going forth as a missionary, teaching the people laws of prevention instead of cure. And the question only arises, would it not be better to prevent than to cure? I think the world is coming into that thought at the present time. And if I have in this short article thrown out any suggestions as to prevention, I feel I am repaid for my trouble of writing. And should I have been the means in this article of helping any human soul, I know I will receive in some way, something somewhere. For if you would give you must receive.

Grand Rapids, Mich.

EPIDEMIC CEREBRO-SPINAL MENINGITIS.

By W. M. Alter, M.D.

I see some health officer writing of spinal meningitis as likely to become epidemic in this State. The good doctor must have reference to the cerebro-spinal meningitis. I believe we should when writing for the public press, in order to either instruct or warn the profession or the people, observe our distinctive nomenclature in order that the object of our writing may be duly appreciated.

Hoping that what I say upon the subject may not be offensive to any brother in the profession, I wish to call the attention of the readers of the Medical Summary to the fact, that when we say spinal meningitis it refers to what is called also lepto meningitis, which is a distinct pathologic condition from cerebro-spinal meningitis, or spotted fever, and this is the disease which has appeared in different epidemics for the last one hundred and seven years.

I do not wish to criticise the profession unjustly, in discussing this, but hope to be accorded the credit of being sincere when I decline to adopt the views of many of my brethren in regard to therapeutics in this dread disease. This grave pathologic condition was identified or distinguished or isolated from other pathologic phenomena having or showing similar symptoms in

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1805, and has therefore been before the profession for therapeutic observations for over a century, and I must say no specific agent or methods have been discovered by our profession during this long period.

Its etiology is supposed by those who believe in its bacteriologic origin that the germ meningococcus is the pathogenic factor in this effection, and therefore proceed to treat it by injecting an antitoxin into the spine. They claim this method destroys the meningococcus, and having done this removes lesions, and thus brings about a cure, or more properly enables the vital powers to resume their proper office in restoring normal conditions. Those scientists bring to view statistics deduced from observation and further claim that under this plan of treatment this disease has lost a large per cent. of its mortality.

I am not prepared to adopt this theory and method as sound and safe. I look upon this as I am compelled to do on many other so-called germ diseases, that the germ is evidence of the previous action of pathogenic causes, and which causes places the patient in a condition for the evolution of the coccus, and this germ and others brought to view by the microscope, and isolated by bacteriologists are evidences of disturbed metabolism, and I consider this as strong evidence of the effort of the *vismedicatrix natura* to maintain the normal physiologic integrity against a primary pathogenic depression of vital energy.

In taking this view of this grave disease I conclude that to inject antitoxin into the spine is very unscientific as a cure, though I think it scientifically dangerous, and that the physician who practices it can never know whether his patient died on account of the treatment, or recovered in spite of it, and such may be said forms the element of doubt concerning all statistical evidence in favor of any methods of treatment. The reasons I have assigned here are not all the objections there is; the promotion of the producers of antitoxin who are enabled to impoverish the poor sufferer who under fear of the dread contagion as he is taught to believe, will sacrifice all he has to procure immunity from so dreaded a disease; and this is not all physicians who adopt this which I shall term scientific ignorance, believe with all their heart that they are doing the only thing which offers life to their stricken victims.

These are not the only lines in which schools teach their disciples things of which they are ignorant themselves, and thus it is that they may be thoroughly educated wrong, spending much time and means in learning many things which lack the truth of being scientific.

I believe the disease under discussion is infectious, but I doubt its contagious properties; therefore were I a health officer, as a means of prophylaxis and prevention I should strike from the public mind the horror conveyed by this gloomy word contagion, and as a physician or officer I would let the people know that this disease is not nearly so virulent as it formerly was, and that more recover under all forms of treatment than in former times. I advocate the theory that the disease is produced by thermal and barometric conditions, together with insanitary conditions and other surroundings which deplete the vital powers. Fear has a great deal to do with the inauguration of the epidemic drama of this as well as other diseases. I am pleased, however, to be able to enable the patient to recover. This disease is an inflammation of the membranes which invest or cover the brain and spinal cord, and like any other inflammation has a preceding conjestive stage, and when a case is seen in that stage it can often be aborted by proper treatment.

Belladonna is a favorite drug here with me, or atropine or hyoscyamine hypodermically used. Other drugs I admire when indicated morphine and atropine combined; gelsemium is an excellent drug when its use is indicated, and aconite and veratrum are useful in all inflammatory conditions when pathologically called for. Bryonia is another drug I consider useful. A good means is also friction to the spine, and the scarification and cupping in the cervical region as near the atloid region as possible. A blister in that region may be useful. There are also many other things the intelligent physician can do to mitigate the sufferings of the patient and enable him to return to health.

I will add here that the cinchona alkaloids are useful in subjects infected with

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malaria. I prefer the cinchonidine salicylate combined with caffeine alkaloid.

In conclusion, I will submit the following as prophylactic measures. The moderate saturation of the system with calcium sulphide, or this:

℞ Cinchona, (Normal Tct. or Sp. Med.).....3iij
Anemopsis (Normal Tct. or Sp. Med.) .....3iiiss.
Saw palmetto (Normal Tct. or Sp. Med.) 3vj
Macrotys (Normal Tct. or Sp. Med.) 3ij
Coca (Normal Tct. or Sp. Med.) 3iij
Avena sativa (Normal Tct. or Sp. Med.).....5v
Fld. ext. Populus Monilifera, q.s. ℥viij.

M. Sig.—A teaspoonful one hour after morning and noon meals, and two at bedtime. The dosage given in my prescription is for adults and may be decreased for children to suit age.

England, Ark.

"PREDISPOSING AFFINITY."

By J. P. Dickson, M.D.

The words seem to be a mixture of sciences. That is what we have, and so it is expected they will be appreciated. It is conditions precedent along the line of physiological chemistry and physiological pathology that is lacking in both the study of bacterial poisons and zymotic diseases, albeit a scientific treatise on either might guardedly assume the reader would be familiar with metabolism and cachexia. The words imply a departure from the normal, and so are quoted in order that the normal may first be considered, and considered also as first in importance—the dominent issue.

The debate as to whether human diet is normally vegetarian or fleshy goes merrily on. I have seen no reference to the statement of Parkes that a few days of exclusive meat diet will produce fever, but attempt has been made to trace fever to biology, to autotoxicosis and to chemistry, *i. e.*, physical chemistry.

In a scorbutic state the body is considered almost literally "more dead than alive." In any dietetic state it may be some dead—a prey to some sort of other life or merely a dainty morsel for some scavenger here or there. Both lack of meat and a meat diet has been shown to augment resistence if not to afford immunity, but in both cases the change is both prompt and decisive, so that so far one can safely draw a conclusion that the human body is quite sensitive to change, and that we as yet dare not be too exclusive in any diet. For long it has been a rule to watch for one of full habit to have this or that—much depending on the habit, and we yet knowing very little. So we can afford as yet to ignore biology in a search for cause.

It may be the body can ripen and by its own ferments foredo itself, but one again need not so pronounce so long as his mind is mistrustful as to the mechanical, physical or chemical effect of some habit of excess in a vain attempt to get the needed mixture.

Again, autolysis may be improbable if a lack is a cause, rather than an excess *per se*, all of which goes to show the physiological and economic necessity we are under for further studies of the chemistry of foods.

My neighbor has imperically put the potato in the fruit class, and it may as well stay as the tomato, or even may better stay, for in most fruits now commercially supplied it can readily be seen that it is not alone sugar, but alkaline and earthy salts, and not free acids that instinctively are being used even if not well supplied by growers and manufacturers. But the potato has its limits. It is not solely its tough cellulose, but its undue and strong salts that make one tired of it. Many fruits when strong are diluted with steamed rice, the needed fat being added by way of tallow, rather than as in hash by fatty scraps so handled as to have and retain quite a lot of fatty and volatile acids. One of the salts, malate of ammonia, (asparagin) its product, may very easily be antizomotic by reason of an atom of oxygen in malic acid being set free and a succinate resulting, but this salt and asparagin may lose ammonia and become an acid salt not well adapted

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for continuous use, as the acid salts may cause oxaluria. Also, there is in steamed rise either a sugar or modified starch that easily undergoes the lactic fermentation so that it is as easy as with milk products to demonstrate rheumatism, while moderation may also demonstrate a wide adaptability to industrial conditions. The per cent. of water would be such as to have a pure supply not too hot nor too cold.

We have in diet, as in clothing, housing, bathing, ventilating and warming or cooling, a running fight to make to keep clear of fatty acids, very likely to be present in aged meats. It is demonstrated also that in old meat, whether from or with putrefaction, there is present a narcotic (unnamed) soluble in alcohol (Panum). It appears on the block and quickest in such cuts as flank (fasciæ). It is not as volatile as fatty acids, and so is in soup made from or with meat. Boiling in water does not free the meat of Panum's narcotic, and it may develop from long boiling or keeping of boiled meat or in the alimentary canal. If truly alkaloidal it may be antacid and may be so appreciated.

A careful study of Parkes makes one suspect that he secretly had no faith in free vegetable acids as beneficial for some time in scurvy. At least he urges trial of the salts of the vegetable acids. The potato has likely more citrate than has fresh milk, while the milk has far more mucin and proteid than its salts will aid in assimilating. So it has seemed to keep many patients down with fever and catarrh unknown to all until the patients rebel or steal other food or listen to some outsider. In the meantime the patient is predisposed and the name of his dread bacterial affinity is Dread Legion. Temporarily the free acids may shift his alkalies or bases from one use to another more pressing, while this process is leaving his system loaded with suboxidation products.

In physical chemistry one has to note an attempt to set up excess of lime or magnesia as a cause of vaso-constriction or of paralysis. It looks more like the work of a special poison, for Dalton saw no excess of lime in the approved diet of his day, while he noted a very considerable difference in the amount of magnesium in nerves and muscles as compared to bones and other tissues, while the patients who have nerve and muscle pains are the ones clearly benefitted by heavy or light magnesia or by gelsemium, which has some magnesia. Buckwheat draws magnesia from soil very noticeably (Wood), but it has been noted in no food product so well as in scorched cactus, a cattle food of Texas, that is laxative but valuable.

I put more thought to getting proper aids to assimilation than to fear of an excess when no aid is supplied. I think buckwheat might well dilute potato and assist in fatty digestion as antacid.

1228 Park St., Keokuk, Iowa.

A MENTAL AND DRUG APPLICATION.

By Elias Wildman, M.D., Ph.G.

I notice an article on "Newer Psychology." It is a subject for deep consideration. Some laugh at it. Yet it has a strong bearing on our work in every-day life. It is a difficult matter to draw the line of demarcation between normal and abnormal thoughts, such impressive, or inner controlling thoughts that through the sympathetic nerve produce organic action of an abnormal kind. Will drugs, then, make one think less of those conditions which surround them? I believe a physician should know sufficient of psychology to lead the mind of his patients, and by an earnest effort lead them over the darker moments of life's journey. Often a few kind words are of more use than all the drugs—if those words are given properly to the patient.

The sound of a family physician's footsteps in entering the house will often cause a better condition of pulse, respiration, etc. There is an influence on the mind of the patient, and the doctor must be ready to treat his patients and give them what they need, be it psychological treatment by words, hypnotic or suggestive action, but they always expect medicine. Give such, even a placebo. We are living in an age of rush and hurry. Everyone is in that rush to get ahead. If a man earns $20 a

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week, he often lives up to $30; he has a balance due in the grocery, the meat store, etc. The physician is the last to get his bill. Doctor is considered an old reliable; useful in the hour of trouble, he can wait for his money. You all understand.

Now, when we meditate on this question, our patients are living at this pace, and we as humble servants, how shall we manage them? The advertising men, specialists, will get many and large fees, while they leave their bills to us unpaid. If one operation by a specialist does not conquer, why then have another. Keep it up, as long as your pocketbook can stand the pressure—after which the specialists, etc., will forget you. Now, I am coming to facts in medical practice. Would it not be better for each family doctor to study the peculiarities of his patients, guide them by mental treatment as well as drugs, and not wait until they are called insane or cranks? Do it before. How often physicians disagree in diagnosis, an operation is performed, patient dies. The atopsy shows no severe organic trouble. Therefore do as some of the writers for your journal suggest—study chronic disease, study psychology or the effects of the mind, or thoughts upon the bodily functions—and do your best, and if you do so, you will be a Godsend to humanity.

In the selection of drugs, do not condemn a drug if it does not always give the desired results, for you may have used an impure article. For instance, to explain myself, a medicine derived from a vegetable or herb, must be made from that vegetable or herb when it contains that active principle; at a certain season of the year it should be gathered and prepared. But we do not always get such. This is why there is so much discord in therapeutical science. One doctor uses a preparation and gets good results; another does not. A doctor uses a drug and for a while gets good results; then it fails him. Why? If it was good once, can it not be the same afterwards? We must take time to look deeply into these matters.

I believe if the family physician would study his cases with chronic diseases carefully and treat with mental suggestion, as well as with proper, pure drugs, his chances of saving and prolonging life would be better than hastily cutting into the patient to satisfy a question of diagnosis, regardless of life.

A case for instance: A man of 50 years of age, general run down condition, in business and speculation, carrying heavy mental strain, showed all indication of severe stomach trouble. One physician said chronic gastritis, another ulceration, another cirrhosis, and another gall-stones. He was told that he must be operated on, the only means of prolonging life. He consented; was buried a short time after operation. The condition found in operation was ulcer of stomach; he was broken down by overtaxation of his vital powers. He tried to do more physical and mental work than one mind could do.

Now, can any physician do any worse than that in the treatment by drugs? Can you not all look about you and see that we need to study the influence of the mind upon the body and its exhausting influence to the vital functions opening the way to serious changes in our organic structures by irregular action?

Christian Science gets its hold by guiding the mind away from depressing influences, such as to interfere with nature's laws. Why cannot physicians do likewise? There are more than drugs and knives to be used in the practice of medicine. It is the physician's duty to either cure or alleviate the sufferings of his patient; use drugs, electricity or any other method, but give results. Do not allow them to go elsewhere.

If you need treatment to the mind, give it. Do not ridicule ideas of the patient as silly, for they are real to them. And those silly ideas influence their brain and digestive functions, and as soon as the digestive functions are impaired, the nourishment to the machinery of life stops, and the whole intestinal tract is filled with toxic material. Mental emotions act upon the secretions of the digestive organs. Some patients will tell you after a day or so of mental anxiety that they will have gastric or intestinal distress, followed by a looseness of bowels, stools frequent, pain and general depression. Will drugs cure this patient? He is a robust man, looks the picture of health.

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Here is where our psychological advice comes in to reason with him. Call his attention to the cause and its effects.

Some time ago a noted divine began to treat patients by mental or suggestive treatment. He accomplished remarkable results where physicians failed. Why did those physicians fail? Because they went along in a careless manner and did not consider the mind had an influence over the bodily functions. Whereas, the reverend looked closely to that point in his psychological study. There are no secrets about it. It is plain and simple, if one will only get down to it.

Several years ago there came to Philadelphia a couple of advertising so-called "professors." I as one possessed of curiosity, seeing their advs. in the daily papers, went to the Odd Fellows Hall to a daily lecture and illustration of their methods. I found a nice large hall, rather peculiar set of people, and the professor gave a reasonable lecture on the uncertainty of drugs, talked about 30 minutes, and then invited up those who needed curing by his "magnetic" method. There was a rush for the stage, and the professor, but I noticed he only allowed certain ones to come up. One woman had a severe headache. The professor stood first back of her and made gentle passes over forehead, and I noticed his tone of voice was very suggestive, such as, you are getting better, it will soon leave you. She began to cry, when he stepped to the front, and kindly said, "Madam, you should not cry, but feel glad, for you will soon be cured." Then she smiled at him, and he had everything his own way. She left the stage smiling and happy. People were ready to spend their last dollar on the great professor.

Again I picked up a Philadelphia paper and saw where the spiritualists would have healing mediums at a day and hour, so I went to see that performance. We gathered together, placed in a circle the invalids sat in two chairs in center of circle. The mediums (who sat in the circle) after all singing several hymns, came forth, and by hypnotic passes of hands over the invalids, treated them. After the performance I went to a lady (patient) and asked her if she noticed any relief from this treatment. She said, "Yes, I go to that woman three times a week for ovarian disease, and I always feel better." I noticed the spiritual medium hunted for her ovarian region. Now, that woman would go to a humbug, spend her money, and no doubt cheat the honest doctor out of his bill!

If the doctor had studied human nature, he might have collected his bill, and saved her from these human sharks. This woman was one whom any physician would say by the face and general condition of her nourished body, that the trouble was more mental than physical.

Another time I passed by a place on North Ninth street where a religious sect cured by the laying on of hands and prayer, so I thought best to take that in along with the others. It was the same old style. Creating a deep impression by singing, etc., on the mind, and what we call hypnotic passes of the hands. But they had a piano and organ there, and they used the piano, played by a young woman. I asked one of the brethren why they did not use the organ for sacred music. In return, I was told the sister had a weak back and could not work the petals. So you see there is always a hold-back.

This subject may seem ridiculous, yet we see just such in every-day life. Meet conditions as you find them. Faney theories will not carry us through. We need reliable practical points to work on, and the MEDICAL SUMMARY will give them to you.

Haddon Heights, N. J.

CROUP.

When the symptoms are urgent, dip a towel in very cold water, wring out and bind around the neck, covering same with a dry towel. Follow with emetics until relaxation follows. In the absence of ipecac give salt water or mustard water. An old and serviceable remedy is a mixture of alum and honey. Its administration is usually followed by emesis. As a follow-up treatment give calomel and iodized lime—calcidin.

Look for diabetes where wounds are very slow in healing.

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Medical Gleanings

Under this head we endeavor to present a Condensed Summary of Practical Medicine, drawn from the best and most reliable sources, thus saving our readers much labor in winnowing out from the chaff, medical grains of real value.

AN AGREEABLE DISINFECTANT.

The following mixture forms a thick cream, a small quantity of which, poured on a plate, soon diffuses an agreeable odor throughout the apartment, acting at the same time as an effective disinfectant:

Camphor	20 parts.
Chloride of lime	50 parts.
Alcohol	50 parts.
Water	58 parts.
Oil of eucalyptus	1 part.
Oil of cloves	1 part.

The ingredients are to be mixed *secundum artem*.

OPERATION FOR HEMORRHOIDS.

Dr. C. A. Bucklin describes his method of operating on hemorrhoids as follows: The patient having been prepared for this operation by taking upon retiring on the previous night the necessary cathartic is anesthetized to the state of muscular relaxation. The greased blades of a bivalve vaginal speculum that can be forcibly distended with a screw mechanism are instantly introduced just through both sphincters sufficiently to insure that they are stretched when the blades are expanded. Five minutes are taken distending the blades to the proper size. The screw is now reversed one turn, which causes the blades to relax from their strong contact with the musous membrane of the anus sufficiently to allow the speculum to be slowly rotated and manipulated for the purpose of exposing the lining of this opening for inspection. Hard stumps resulting from previous hemorrhoids are removed with the forceps and a knife. Other forms of this disease are treated with the forceps and a No. 1 catgut ligature, after which the hemorrhoids are cut off outside of the ligatures; or when the swellings are too numerous they may be treated with hypodermic injections of 30 per cent. carbolic acid in alcohol. The slits made in the mucous membrane by operating are better closed by stitches of No. 1 catgut for the purpose of avoiding complications.—*Med. Record.*

THE VALUE OF EYE EXAMINATIONS TO THE GENERAL PRACTITIONER.

Dr. C. T. Russell, Jr., of Philadelphia, presents the following valuable pointers in *The Dietetic Gazette:*

In this day of advanced laboratory work, the general practitioner, in trying to make a diagnosis, calls to his aid the various laboratory methods, some of which are not positive, and often neglects or overlooks Nature's own laboratory—the human eye.

The ophthalmoscopic examination is just as much a laboratory method as a blood pressure or Wassermann test, for it is by comparative examinations that we are able to tell the normal from the pathologic. In other words, an eye examination materially aids us in making a definite diagnosis, for example, albuminuric retinitis is pathognomic of Bright's disease.

It has been estimated that from seventy to seventy-five per cent. of systemic diseases show some manifestations in the eye; so we can readily see the advantage of an examination of this organ. We will consider some of the common conditions, viz.:

DISEASES OF CIRCULATION.

1. Valvular disease sometiems causes retinal hemorrhage, pulsation of the retinal vessels.

2. Endocarditis, embolism of the central artery of the retina.

3. Arteriosclerosis, characteristic retinal change.

INFECTIOUS DISEASES.

1. Cerebral spinal meningitis causes paralysis of the extrinsic muscles, ptosis, and abnormalities of the pupil.

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2. Diphtheria causes paralysis of accommodation of external muscles, usually the external rectus.

Erysipelas causes sometimes Orbital cellulitis.

Purulent conjunctivitis and iritis are usually caused by the gonococcus.

Scarlet fever and measles usually start with a catarrhal conjunctivitis.

Syphilis causes iritis, choroiditis, optic neuritis, vitreous opacities, gummata of the orbit and paralysis of the ocular muscles. Inherited, causes interstitial keratitis.

Nephrisis may cause edema of the lids, chemosis of the conjunctiva, and always causes albuminuric retinitis.

Whooping cough causes sub-conjunctival hemorrhage.

Diabetes is the etiologic factor in many cataract cases.

There are numerous other instances of systemic diseases which may find lodgment in the delicate structures of the eye, but I think I have mentioned enough to at least convince anyone of the importance of an eye examination.

The eye itself, on the other hand, is responsible for numerous other symptoms located remote from its anatomic situation, such as errors of refraction, causing severe headache, migraine and backward children.

Heterophoria or disturbance of the muscular balance sometimes produces symptoms of neurasthenia in otherwise healthy adults.

Poisons not infrequently cause optic atrophy; among the more common may be classified alcohol, tobacco, iodoform, arsenic, lead and shellac.

Conclusion: A careful examination of the eye should be considered as one of the best laboratory methods at our command to-day, and we have not completed our case history satisfactorily until we have properly interpreted the beautiful ponorama as seen from behind the small aperture in the mirrored glass.

For ingrown toenails, make frequent applications of Monsel's solution to the affected nail.

A cheap and efficient dentrifice is a mixture of precipitated chalk, powdered castile soap and powdered orris root.

ANTIPERIODIC—LINIMENTS, ETC.

The following is a reliable antiperiodic, one that has generally given satisfactory results in suitable cases:

℞ Strychnine sulph. .....gr. ss.
Cinchonine sulph.....3iv.
Iron sulph. .....3j.
Magnesium sulph. .....℥ii.
Sulphuric acid to solve.
Aqua lavandula.....q.s. ad ℥xvj.
M. Sig.—One tablespoonful three times a day.

Another very similar preparation is:

℞ Chinconine sulph. .....℥j.
Magnesium sulph. .....℥iij.
Iron sulph. .....3ij.
Sulphuric acid to solve,
Spts. lavandula comp.,
q.s. ad ℥xxxij.
M. Sig.—Tablespoonful three times a day.

Horwitz's Excellent Embrocation.

℞ Chloroform,
Ether,
Spts. camphor,
Tinct. opium .....āā ℥j.
Tinct. capsicum .....3iv.
M. Sig.—Apply locally.

An Anodyne Liniment.

The following is Dr. Gould's anodyne liniment:

℞ Tinct. aconite .....3ss.
Tinct. opium .....3iv.
Tinct. arnica .....℥j.
Chloroform .....3ij.
Soap liniment .....q.s. ad ℥iv.
M. Sig.—Apply locally.

A Penetrating Liniment.

Dr. Henley says: The following penetrating oily liniment reduces all kinds of inflammatory processes:

℞ Parafin oil .....℥iv.
Powdered capsicum .....3iv.

Digest on sand bath and filter. To this may be added directly the following: Oil of wintergreen or peppermint, phenol thymol, camphor or eucalyptol, etc.

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Notes and Queries

For this Department we cordially invite Questions, Comments and Criticisms on all Topics of interest to the Physician in his daily work for relief of the sick, thus making the Summary a valuable medium of communication between the medical profession.

Correspondents will give their names and addresses, but initials will only be printed when desired.

The queries in this issue await the Answers which our intelligent readers may be pleased to contribute for publication in our next.

SPASMODIC TORTICOLLIS—REPORT OF AN INTERESTING CASE.

Editor Medical Summary:

Mrs. F., American born, age, 66, housewife, twice married, a mother of three living children. Labors normal, menstruation always normal, menopause at 47 normal. Has never been sick, but has always been of a nervous temperament. Heart action 80, normal in sound, but weak and irregular, radial artery hard, non-compressible, urine 1020 to 1030 traces of albumin, no sugar. Granular and hyalin casts present.

About four years ago she noticed a slight twitching or contraction of the muscles of the left side of the neck, accompanied by slight pains and tenderness, lasting for a few hours to two or three days at a time, when it would gradually disappear, but it would return at varying intervals from one week to one or two months, and always worse whenever she was feeling tired out and nervous or worried.

There has been a steady increase in both frequency and severity until within the past two years she has been almost an invalid, because of the severe jerking and the pains accompanying the contraction. There is now an almost constant involuntary rotation of the head to the left with a contraction of the muscles of the neck. The more she tries to resist the contraction, the more severe they seem. The jerking is usually much worse at night when she retires, thus preventing sleep. A severe attack is brought on by a little worry or excitement, or usually occurs without any apparent cause, and comes on very suddenly, and lasting from a few days to a week or more, during which time she is completely helpless because of the severe contraction and pains.

On inspection of the patient, her head is drawn constantly to the left, and there is a clonic spasm or a convulsive tic in the muscles that rotates the head to the left. The muscles are hypertrophied. The spasm and hypertrophy are both visible and palpable and painful to manipulation; pressure on the course of the spinal accessory nerve brings on an attack of violent contractions or spasms. The head is turned by the sternocleido-mastoid muscles, and the upper fibers of the trapezius whose principal nerve supply is the spinal accessory. Examining the back of the neck with the head bent forward, you can see the contraction of the muscles. The patient is able to move her head in any direction, but unable to hold it there for any length of time, especially when suffering an attack.

During the past year the shoulder of the left side has become involved so as to cause a raising of the shoulder during a spasm, and the tenderness and pain also extends down into the shoulder. The clinical history of these cases are: As the disease progresses other muscles of the upper extremity become involved, but I have never heard of a case where the muscles of the lower extremity became involved.

The disease usually occurs in nervous, impatient, hypersensitive adults over twenty-five years of age, and usually in old age, as in this case, and it is said that most of the patients' heads turn to the left.

The direct cause and pathology of this disease is not well understood; it is supposed to be due to an irritation of some kind acting on the peripheral motor neurone, or it is of central origin. An affection of the central motor neurone in the cortex of the brain.

The treatment for these cases is very disappointing. To relieve the spasm we can and very often we are compelled to use the depressents, such as opium, mor

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phine, chloral, cocaine, etc. Cocaine is said to relieve the spasm very effectively for a time, but as the disease is a progressive and chronic one, the drug habit soon becomes worse than the disease itself, so I have never tried it. Some years ago some one recommended injections of atropine into the affected muscles, which later proved worthless. Conium has also been recommended and used with equal disappointment. Cannabis indica has been recommended and found to be useful for a time in controlling the spasm, but never affects a cure. Electricity is also sometimes beneficial for a while, but in this case it has been very disappointing. I was advised to use arsenauro for a long time with increasing doses, which I did with no improvement at all. The only way I can give the patient relief is by the use of morphine hypodermatically, or a combination opium and bromide; during a severe spell I keep the patient asleep or thoroughly under the toxic influence of morphine for several days, or until the spasm will subside, but such a treatment is only palative and very disgusting to both patient and physician, but at times the spasms are so severe and last so long that the patient must have relief in some way, and this is about the only way I can give it.

The general health of the patient needs close attention, as the disease seems to increase as the general health declines.

Dividing the sternocleido-mastoid muscle has been resorted to, but the ends would soon grow together, and the spasm would be as bad as ever. Division and a resection of an inch or two of the spinal accessory nerve was also resorted to, with some benefit, but as the disease would soon involve the other muscles, the spasms would be as bad as ever.

Dr. Russell, of London, recommends dividing the posterior branches of fourth and fifth upper cervical spinal nerves together with the spinal accessory, but such a treatment seems to be too serious in the aged patients for a disease that is not dangerous to life.

Dr Hugh T. Patrick, of Chicago, says: "My own efforts to cure spasmodic torticolis have been anything but satisfactory. Operative treatment has been notoriously unsatisfactory." E. E. PERISHO, M.D.

Streator, Ill.

AN INTERROGATORY PAPER.

Editor Medical Summary:

A century ago eastern chimneys were constructed so they could be swept out by boys, called chimney-sweeps, and so many of them suffered with carcinoma of the rectum, that it was known as chimney-sweep's cancer. Now if the carcinomatous germ is found in the chimney soot, may it not be that in the present soot-filled atmosphere which covers the fruit, as shown by the blackened hands of the pickers, is one cause for the increase of carcinoma of the stomach, occular, catarrhal and other mucous diseases? Much fruit is eaten without washing or peeling.

Fifty-five years ago, when a student, there were frequent epidemics of that horror of horrors—hospital gangrene—and no wonder, for the surgical wards were filled with "laudable pus" patients. The medical horror was child-bed and typhus fever. If their disappearance is not due to that best of all antiseptics, fresh pure air and cleanliness, what was it? Is it not this combination which enables the skillful surgeon to successfully perform operations unthought of half a century ago?

Dr. Joseph N. McDowell, of St. Louis, said: "There is no such thing as typhus fever—it is a more malignant form of typhoid. Typhoid, you're sick; typhus, you're sicker; typhud, by God, you're dead."

Can a dose of aromatic sulphuric acid, given three times a day, cause the lime deposit in the arteries of elderly people (arteriosclerosis), hardening of the nerves (sclerosis), affecting the nerves of the heart (the cause of heart failure), in the kidneys (giving rise to degenerative changes), be removed by forming a calcium sulphate which is eliminated, and the caliber of the vessels in a measure restored, as we are told?

Why is it when prominent men get sick and employ prominent doctors, they almost always die? Is it because such medical men are suffering with Osleritis and have lost confidence in medicine? O ye of little faith!

Why is appendicitis so common now, when forty years ago it was almost unknown. The answer to this question remains unanswered, as it is in the first stage

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of knowledge—the uncertainty of doubt. It seems to me that the change in fashion in dress may be an important factor. In former days the trousers were supported by suspenders; men now wear belts for that purpose, compressing the bowels sufficiently to make the weight rest on the hips and pelvis, and crowding the contents into every nook, crook and corner, the appendix among the rest. Women and some men bring about the same result with tight-fitting corsets, and women add skirts. To do away with tight-fitting corsets and male belts, I am convinced will largely lessen the cases of appendicitis.

Paraplegia is a common disease among hogs. A man had a lot of fat hogs, when 12 of them "broke down" (dragging their hind legs on the ground). He was bemoaning his loss when a neighbor said, "I can cure them." At this the owner promised him half he cured. In a short time they were well, and in answer to my question, how did he cure them, he replied, "I take the large blade of my knife and make a slit about four inches long down to the bone, then I fill it up with tar-pen-tine." How would this operation for the same disease, minus or plus the "tar-pen-tine," act on the bimana?

Chinamen never have diphtheria or other throat troubles. When in Tucson, Arizona, where large numbers of them reside, the physicians told me this. The filthy water they drink out of the canals does not hurt them. Why is this?

AMOS SAWYER, M.D.

Hillsboro, Ill.

ACUTE INDIGESTION AND SOME INTERESTING FACTS.

Editor Medical Summary:

Now and then we read in the daily press of the death of some prominent person from acute indigestion. Many sudden deaths in the night may be accounted for in this way. I have met with a good many cases of this condition and have always been able to relieve them in a short time. Patient complains of great distress in stomach, the pain is of a cramping nature. There is cold sweat on the forehead, cold hands and feet, all the blood seems settled in the trunk of the body, patient white as a sheet, pulse hardly perceptable. In this case whatever is done must be done quickly or the patient will die. There seems to be a partial stoppage of the circulation of the blood, suspension of all action of the stomach. Here a quick stimulant is needed. Take a glass of water, add one teaspoonful of aromatic spirits ammonia, one teaspoonful good French brandy; let the patient drink it all down at once. Repeat the dose in a few moments, if needed. In a very few moments the pulse will begin to beat stronger, fuller and more regular; patient will begin to belch up gas, and the pain in stomach is relieved.

We may have patients that are subject to such attacks, especially after eating a hearty meal. To prevent these attacks, to overcome the indigestion, I like nux vomica, second decimal trituration in tablet form, three tablets once in three hours.

Tea drinking, fried eggs, cheese, fat greasy food should be cut out of the diet. Patients should eat slowly, chew the food over and over again to give the stomach as little work to do as possible.

In a certain town in Pennsylvania where they use natural gas for heating purposes, there was an escapement of gas, the whole family was prostrated. A medical friend of mine was called to prescribe for them. Upon his return to his office he too suffered from the effects of the gas, vomiting, diarrhea, and a bursting headache, pulse full, bounding, tense; indicating Veratrum vir. as the remedy he needed. I prescribed tincture veratrum vir., first decimal dilution, 5 drops once an hour. After the doctor had taken one or two doses he was so much better that he went with me to the city hospital to see a case of typhoid fever. The next day he was perfectly well.

No matter what the disease may be called, when the pulse is full, bounding, tense, it means veratrum every time. Imagine if you will, a cord drawn tight from one point to another; place your finger on the cord, and you get the feeling of tension. When you feel that tension in the pulse it is an indication for tincture veratrum vir. I like the first decimal dilution as the best form to prescribe it in, for it gets the quickest results. The keynote for this remedy is

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congestion, whether it be in the lungs, brain or uterus. If the patient has pain anywhere in addition to the tension of the pulse you will get contraction of the pupils so that one confirms the other. When we know how to read the pulse in nine cases out of ten it will tell us the first remedy that our patient needs.

ELI G. JONES, M.D.

Burlington, N. J.

ABUSED STOMACHS.

Editor Medical Summary:

I am old-fashioned in the practice of eating three meals a day, viz.: at 7 A. M., 12 M. and 6 P. M. Now, I am a careful, moderate eater, but I am sure that we often eat the three meals when less would probably be better for our stomachs. Eating is in a large measure a habit. We eat because the mealtime comes, whether we are hungry or not. Unless we are hungry, the stomach should have a rest. Then I eat plain, well-cooked meals, no rich viands, but good egg or scalded cornmeal bread, or light rolls, moderately of meat, principally beef roast, and boiled ham. Eat vegetables and custards and pie.

It is not so much what one eats as it is that he should not eat too much, nor too often. I have sat at table with such gluttonous eaters that it seemed that they had bovine stomachs. The normal, average stomach should hold about a quart, but I know a sedentary banker who vomited about a gallon. If one knew how small the stomach really is, there would not be so much stuffing, and we would eat less, and give the stomach a chance. We have contracted and dilated stomachs. The contracted stomach cannot hold more than a small amount of digestible diet, preferably liquids, and cream. The dilated stomach will hold much more, but will not readily dispose of its contents; on the contrary, the food will ferment, and distress from gas will be miserable.

It is a pity that one of the most important organs is constantly outraged. It is a wonder that sots and gluttons live as long as they do. Sots will eat stuff that a dog would reject. They will eat stale and conglomerate saloon counter lunches that a cast-iron stomach would not digest. Then think of the bug-juice they guzzle! They are akin to swill-fed swine that feast on distillery slops.

Some men eat such heavy suppers that they roll and toss all night, and have frightful dreams. Big meat eaters can not sleep sound. Then big eaters who do no manual labor, lay the foundation for Bright's disease, liver disease, diabetes and gastritis.

One among the commonest abuses of the stomach consists in gulping down large draughts of ice water, or iced tea, with the meals. As a matter of course, the stomach is chilled, the process of digestion is retarded, and soon "stomach trouble" supervenes. Any one who knows anything about digestion must know that the food must be heated to a certain temperature by the stomach before digestion begins, and large draughts of cold water dilutes the gastric juice to such an extent that serious consequences will sooner or later follow. I have known working men who ate cold "grub" from their lunch baskets who soon developed indigestion and gastralgia, and so soon as I got them to eat warm meals their stomach pains disappeared. Then the food itself was generally the product of bad cookery. Very few housewives know how to cook digestable aliment. The man who carries in his lunch box cold potatoes, soggy biscuits, cold meat, cold hard-boiled eggs, pie and cake, cannot escape stomach trouble. Such stuff is bound to lie in the stomach, to undergo fermentation and putrefaction. The effect of this condition is flatulence of both stomach and bowels. The continued abuse of the stomach finally results in dyspepsia, with depression of spirits, distress after eating, coldness of the extremeties, flushing of the face, headaches, palpitation, erythema, dyspnœa, cough, hoarseness, catarrh, foul breath, nervousness, insomnia, nausea, gastralgia, and a feeling of fullness and distension, with a weight in the stomach.

All these dire symptoms from abuse of the organ are very apt, in time, to produce grave organic disease. No doubt, nine cases out of ten of organic disease come from the persistent abuse of the stomach. When will people learn to eat right, eat at proper times, and eat digestible food to

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moderation? Among the healthiest persons are the small eaters, who eat at seasonable hours, and don't indulge in "Dutch suppers" and midnight lunches.

D. L. FIELD, M.D.

Jeffersonville, Ind.

CAPSICUM.

Editor Medical Summary:

The common household remedy to "break up a cold," to warm up a person having a chill, or to relieve cramps in the stomach or intestines, is alcohol in some form, usually whiskey, brandy or gin. It is not the wisest or safest method to advocate to our patients the frequent and common use of alcohol, especially when we have at our command a remedy equal to and often superior to the action of alcohol. The remedy I am about to describe is capsicum, the common cayenne or red pepper. Capsicum is a pure stimulant, but in large doses it produces vomiting, purging, dizziness and inflammation of the stomach and bowels. It is a safe and harmless remedy if properly used. It has long been used in laxative pills, thereby improving the capillary circulation and nerve tone of the entire intestinal tract. It is an excellent sedative in delirium tremens, producing a quiet and in some a deep sleep. It should be given in conjunction with concentrated nutrition.

This remedy can safely stand in any medicine closet or elsewhere, and it will never make any person a drunkard. It is excellent in the atonic dyspepsia of the alcoholic habitues, and in large doses will relieve the craving for alcoholic drink; besides it is the very best remedy we possess for delirium tremens. It is also serviceable in the treatment of opium and cocaine habits. It may be combined with strychnine, hydrastine or other nerve stimulants and tonics. In relaxed conditions of the pharynx and post-nasal membranes, it has a most beneficial influence.

It has no equal to warm up a person suffering from a cold or chill. A hot infusion is the most active. A serviceable gargle is made by placing in a cup of hot water a teaspoonful each of capsicum and salt; after standing a few minutes pour off the top and add a cup of vinegar.

Used externally capsicum is of great value, producing an active rubefacient effect without vesication. In the treatment of chilblaines it will excell where other and better remedies have failed.

Oleoresin of capsicum spread on common adhesive plaster makes an excellent pain plaster, which you can assure your patient will not blister, and may be left in place four or five days.

Teach the laity the use of capsicum, and it will soon replace the alcoholic preparations. Capsicum will not produce a drug habit, but is absolutely safe in the hands of all.

E. N. RITTER, M.D.

Williamsport, Pa.

INSTRUMENTAL DELIVERY.

Editor Medical Summary:

I was very much interested in an editorial in the November number of The SUMMARY, entitled "Instrumental Delivery." You stated, "Forceps are the most valuable invention the world has ever known." In the same editorial you condemned the reckless and injudicious employment of forceps. I heartily concur in both propositions. The subject presents a field for scientific thought and is well worthy the serious consideration of the profession. A year or two ago I read a paper from Dr. —, in which bias was extremely marked. He condemned the forceps in strong language and said that he had never owned such instruments. He boasted that he had attended over 300 cases of confinement without once finding it necessary to resort to the instruments; said he had never lost a woman either in childbirth or after, and this, "I believe my success is largely due to my preparatory treatment of the pregnant woman." Such statements are as puzzling to me as a Chinese riddle book. This preparatory treatment or labor being rendered painless by any process except under anesthetics savors strongly of quackery.

I am reminded of a conversation I had many years since with an old doctor who has long since been "gathered to his fathers," and presumably many of his patients have ere this answered the summons of the pale courier. This man had then practiced

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a long time—as he put it, "had been forty years in the saddle." He evidently thought his advice would be helpful to me, which he gave without stint. Among other things he said: "Doctor, prescribe for your obstetric patients black cohosh; it is a great medicine to relax the bones of the pelvis." At that time I had a good woman and some babies to care for in this wicked world, and was therefore restrained from committing a tragedy.

Regarding the forceps, I am satisfied that the bad reputation they have among the laity has been transmitted from an age more or less remote. In the old days it was the custom of many physicians to prescribe ergot to their parturient patients, and only after that drug had failed to resort to instrumental delivery, as an extreme measure, and that without regard to asepsis. With a full recognition of the baneful results attending the injudicious employment of the forceps and summing up my experience and observation covering a period of about forty years, leaves me with the impression that the forceps have been in a great measure conducive to the comfort and healthful advantages of the parturient woman, and therefore remains a permanent contribution to our means of alleviating the agony incident to child-birth.

I will close by citing a case. Mrs. L. C. was taken in confinement in August. Dr. H., who held authority by virtue of some clause in our State laws, attended her. He sat by the woman's bedside hour after hour doing nothing except to frequently promise success, until some fifty hours had passed. It was an aggravated instance of incompetency, rendered more vexatious by the man's stupid indifference to the peril of his patient. Dr. E. S. Porter, of Milan, was finally called and delivered the woman quickly and easily with forceps. The child was still-born. The long pressure low down in the pelvis had done its fearful work. The woman succumbed in about a week. Toward the end the soft parts sloughed, and even the bladder became involved. It is quite evident that in this instance two lives could have been saved by the timely use of the instruments.

CHAS. VANWYE, M.D.

Browning, Mo.

EARLY MENOPAUSE.

Editor Medical Summary:

Several weeks ago a lady called at my office and wanted medicine to quiet her nerves, she being under a physical strain on account of having just gone through the divorce court. I asked her some questions before prescribing as to her general health, among others as to her menstrual flow. She said: "Dr. Surface, I have not seen anything since I was twenty-two." I asked her at what age she began menstruating, and she replied at eleven years, and continued regularly until twenty-two, when it ceased without any untoward symptoms. She married at twenty-seven, and as one would naturally suppose, never became pregnant. She lived with her husband seven years. She is a large, strong woman, with a remarkably developed bust, and, I judge, will weigh 185 pounds, and is enjoying excellent health. I have never had an opportunity to examine her uterus, but will do so if I have an opportunity.

She has a sister whom I have treated who has had three children and two miscarriages, who is twenty-seven.

I believe Dr. Tilt records a case where the menses ceased at twenty-one. Outside of this mine is the youngest I have ever read of that I remember.

O. B. SURFACE, M.D.

1618 Shelby St., Indianapolis, Ind.

ODDS AND ENDS.

Editor Medical Summary:

As to advertising matter in the independent medical journals, I do not see how much objection can be raised when the advertising matter is kept on the advertising pages, where it belongs, and the editors use reasonable care in excluding palpable frauds and matter which is evidently going to be published to the laity in the future. We live in an advertising age, and most magazines earn a legitimate part of their income from their advertising pages. An official journal with a dead-sure subscription list, can afford to arbitrarily knock any advertisement in any independent magazine whenever the fit is on.

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An immense amount of advertising is done to the medical profession. The postage on letters and circulars sent to me from advertising houses amounts to about $35 per annum. Not all of it goes into the waste-basket unopened. I believe that the *apparatus cricitus* of the average doctor is able to protect him and his patients from the wiles of fraudulent or over-optimistic advertisements.

Most of my patients are really sick when they call for a physician, and the practice of medicine here is generally a serious business, nevertheless amusing things occur parallel with all the serious and even the tragic events in human life.

A girl of thirteen years when viewing her newly-acquired baby brother, was not altogether satisfied with his appearance. Turning to her mother she said, "Mamma, do you know, I think Dr. Miller brought us a *stale* baby!"

A blacksmith patient of mine who was having a set of chills originally secured from the State of Arkansas, was given some compound cathartic pills one evening, and they took no uncertain effect during my call the next morning. "You must excuse me, doctor," said the patient, "I tried to put it off until you were gone."

You have all probably heard of the Irishman who wanted his son to be a doctor, because he thought it was such "a nice clean job." I guess Pat would change his opinion if he could go with us on our daily rounds. The idea which many have of practice may be briefly summed up as follows: "Let's see your tongue. Count your pulse. Get your temperature. Get this prescription filled. Two dollars, please. See you to-morrow. Good-bye."

A young mother who was in ill health secured some germicidal suppositories with a view to limiting the population in her immediate vicinity. She took them per *os facialis*. The ultimate result was an increase in the latest census.

The English language is full of snares and pitfalls for the foreigner who tries to master it. One of my little patients had "ammonia on the lungs," according to his parents, and was given an "injunction" before my arrival. Most of my colored patients have just one disease, and that is "de misery." This is given with a local appellation varying as to the seat of the misery. By the way, it is more difficult to diagnose and treat disease in the colored than in the white race. They are wonderfully kind to each other in sickness, and they generally pay me for my services. Disease is no respecter of persons, and it is our duty to fight him wherever he appears.

Each ward of the Cook County Hospital has a small ward containing four beds in which are placed the most seriously ill or those who seem about to die. A certain large ward was full and there was only one bed vacant, which was one in the small ward. A Mr. Quin, who had only a slight injury, was admitted to the ward and had to be placed in the vacant bed in the "death ward." During the night the patients in the beds on each side of him closed their earthly careers. In the morning a bed was vacant in the large ward, and the nurse came to remove Quin thereto. The nurse was explaining to him the cause of the change, when he said, "What's the use of changing me? This is a nice, *quiet* place!"

E. P. S. MILLER, M.D.
2001 West Lake St., Chicago, Ill.

VESICULAR MOLE.

Editor Medical Summary:

In reading through the December number of the SUMMARY, Dr. Carpenter's history of "A Patient in Great Danger" brought to my mind my own experience last July with a case of vesicular mole. The patient was a woman aged 32, mother of two children, and supposed by herself to be in the fifth month of pregnancy. During the month previous to coming to the hospital she had had two or three uterine hemorrhages, the last one being the most severe. The writer made a diagnosis of partial or complete placenta prævia, and the patient was closely watched. Twenty-four hours later the woman experienced severe pain, followed by dangerous hemorrhage. I was hurriedly called at 2 A. M. and found my patient in shock and almost exsanguinated. She was hurriedly prepared for the operating table, and preparations made for emptying the uterus, strychnine

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phos. gr. 1/30, having previously been administered hypodermically. The speculum was introduced and the cervix pulled down with a tenaculum. Immediately another profuse hemorrhage followed, and without a moment's delay I introduced a dull curette and rapidly emptied the uterus, the inside of which contained several quarts of vesicular mole mixed with blood clots. The former had the exact appearance of boiled sago. The curettage did not occupy but a few moments' time, which was followed by a hot saline intra uterine douche. Hemorrhage ceased at once and there was no return of it. Fld. extract ergot, 3ss, was administered, and warm saline solutions, 8 ounces, repeated in an hour, injected into the abdominal tissues. The patient was removed to the ward, put on a hot floor and covered with warm blankets, with hot bricks to her feet and sides.

In ten days the woman was walking around, and a few days later returned to her home, saying she felt as well as ever.

E. Douglas Follwell, M.D.

Pyeng Yang, Korea.

TYPHOID FEVER.—REPLY.

Editor Medical Summary:

I have read the article by Dr. Oldham, of Mt. Juliet, Tenn., in February number of the Summary, page 369. He intimates that he does not believe a case of typhoid fever can be cured, or aborted, or rather that he cannot do it. Upon a careful review of the case he has reported and the methods employed, it looks plausable indeed, that the ailment cannot be aborted.

In placing a patient on cold storage for one hour at a time, then subjecting him to the scalding process for the same length of time, in the meantime administering 8 grs. of calomel and 4 grs. quinine every two hours, will not abort a case of typhoid; it cannot be done; but I attribute the doctor's failure in this case to the exceedingly strong constitution of his patient. Ordinarily this would have done the work, and the doctor could have given the family his word that the trouble would never return.

Now that the doctor has tried to abort a case of typhoid and failed, I have a curiosity in wanting to know if he has ever tried to cure a case, and if so, what methods he used?

In conclusion, I want to say with emphasis, that if I did not have confidence in medicines, or in my ability to administer them properly in any disease, amenable to treatment as is typhoid fever, I would take down my "shingle," and would not discredit the medical profession by saying in substance, that medicine is a humbug.

G. W. Isaacs, M.D.

Woodstock, Ky.

[From the above we take for granted that Dr. Isaacs has had a large measure of success in the treatment of his typhoid fever cases, and we trust that he will see fit to let the Summary readers have an outline of his manner of treating those cases in some future issue of the Summary.—Ed.]

DIAGNOSTIC POINTS.

The following paragraphs are excerpts from an article by Dr. Geo. F. Butler, in *American Journal of Clinical Medicine:*

A dull pain at the back of the head, with lassitude and despondency, is generally an evidence of an excess of phosphates in the urine.

Drooping eyelids that cannot be voluntarily raised, unless following injury or disease causing paralysis of the third nerve, are apt to indicate apoplectic plegia.

A small, movable pea-like body in the lobe of the ear, a deposit of urate of soda, suggests a gouty or rheumatic diathesis.

When the feet alone are swollen the heart is usually involved; when the abdomen only is swollen, the lives is usually at fault.

A persistent bad taste on rising in the morning, independent of stomach derangement, is apt to point to threatening cardiac trouble.

Club-shaped ends of the fingers suggest phthisis, empyema or heart disease.

When a perfectly sound leg drags after its fellow and there is inability to raise it from the ground, it is apt to be impending evidence of disease of the spine.

Superficial varicose veins on the abdomen are evidence of deep venous obstruction and may indicate cirrhosis of the liver.

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New Books

All Books reviewed in this department, will be sent postpaid by the publisher of the Summary upon receipt of the price quoted.

BLAIR'S POCKET THERAPEUTICS: A Practitioner's Hand-book of Medical Treatment. By Thomas S. Blair, M.D., Neurologist to Harrisburg (Pa.) Hospital. Author of "A System of Public Hygiene," "Blair's Practitioner's Handbook of Materia Medica," Member of the Harrisburg Academy of Medicine, American Medical Association, etc. The Medical Council Co., Publishers, 42nd & Chestnut Sts., Philadelphia, Pa. 1911. Price, $2.

This book is published on quite thin paper, almost 375 pages, bound in limp leather, pocket size. It represents a condensed discussion of what the author believes to be the best methods of treatment, and along with this is given an occasional well-tried formula.

The diseases treated are divided into related groups, each group occupying a chapter; a copious alphabetical index provides for instant reference to any particular disease.

The closing chapter gives Treatment of Poisoning (arranged alphabetically as to the different poisons). The Appendix gives many necessary tables for quick reference, followed by an exhaustive Table of Doses, closing with a General Index.

This is an excellent book for instant reference.

THE TAYLOR POCKET CASE RECORD.—By J. J. Taylor, M.D., 252 pages, tough bond paper; red limp leather. The Medical Council Co., Publishers, 42nd & Chestnut Sts., Philadelphia, Pa. 1911. Price, $1.

A carefully-kept case record makes for discipline and accuracy in diagnosis and treatment as well. Without such a record the physician is compelled to depend entirely too much on his memory, and let that be ever so good, no one can possibly remember all the important points of interest, even in say a half-dozen of the most important cases; how much less in all the important cases he treats throughout the year.

The young physician, the beginner especially, should get into the habit of keeping a case record, as at that time he generally has plenty of leisure to give it careful attention, while the busy practitioner may not have sufficient time to jot down all the details of his most important cases.

However, the book before us is so condensed in form that the necessary data can be written down in the briefest possible time, and its being of pocket size, the physician can always have it with him. A syllabus, detailing all the points that should be considered in each case is given.

FOURTH REPORT OF THE WELLCOME TROPICAL RESEARCH LABORATORIES, at the Gordon Memorial College, Khartoum. Volume B.—General Science, Andrew Balfour, M.D., Director. Published for Department of Education, Sudan Government, Khartoum. By Bailliere, Tindall & Cox, London. Toga Publishing Co., 35 W. 33rd St., New York City. Depot for United States. 1911. Price, $4.50.

This book contains 334 pages, including 22 pages of index; 9 colored plates, 52 reproductions of black-and-white drawings; 98 reproductions of photographs and wash drawings; and 30 maps and plans. In the February SUMMARY we gave a notice of Volume A, (Medical); now we have before us Volume B, (General Science), which is no less valuable in its way; in fact, it is an important work, handsomely printed and profusely illustrated. The following are a few of the great number of subjects treated: A Test for Hashish, Mechanical Analysis of Arid Soils, Gypsum as a Fertilizer for Sudan Soils, Experiments on Gum Production in Kordofan, Insects Injurious to Man and Animals, Animals Injurious to Farm and Garden Crops, The Finches and Weaver Birds of the Sudan, Two Specimens of Spitting-Snakes from Southern Rhodesia, Ancient Gold Mining in the Sudan, Some Tribal Customs in

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Their Relation to the Medicine and Morals of the Nyam-Nyam and Gour Peoples inhabiting the Bahr-El-Ghaza.

THE PHYSIOLOGY OF FAITH AND FEAR; or, The Mind in Health and Disease. By William S. Sadler, M.D., Prof. Physiologic Therapeutics, Post-Graduate Medical School of Chicago. Author of "The Science of Living, or, The Art of Keeping Well," "The Cause and Cure of Colds," etc. Illustrated. A. C. McClurg & Co., Publishers, Chicago, Ill. 1912. Price, $1.50.

This is a very interesting book for anyone to read, in or out of the profession. It is the third of a series of medical books for the laity by this author, who writes like one with thorough command of the English language. There is nothing technical about it, but so simple and plain that any one can understand all presented discussions of the fundamental laws and underlying principles of mental healing in an unbiased manner. The psychology, physiology and therapeutics of the mental states are fully presented, including the latest methods of physhotheropy.

Although our space is limited, we cannot refrain from giving as an illustration how the mind is able to influence asthma and hay-fever: "The influence of the mind over the breathing under such circumstances is further shown by the experience of the asthmatic patient who awakened in his hotel room in the middle of the night, attacked with a fit of suffocation. He made an urgent appeal to the nurse to open wide the windows. The nurse in the excitement and in the darkness, was unable to open the window, whereupon the patient exclaimed, 'Break the glass! break it!' Immediately the nurse seized a chair and sent it crashing through the supposed window, and instantly the patient began to breathe more easily, and subsequently remarked that he thought he would have smothered to death had not the nurse not promptly broken the window. All went well until by the light of the early dawn it was discovered that the windows were all securely and tightly fastened down; the nurse had only broken the glass door of a large book-case."

LITERARY NOTES.

We have before us a reprint of an article, "Elevation of Temperature—An Early and Often Enduring Symptom of Hyperthyroidism," written by Dr. Heinrich Stern of New York, the article first having been published in "The Archives of Diagnosis." The subject is handled in a masterly manner and the writer at the outset points out the fact that the toxic state known as hyperthyriodism may exist in the absence of thyroid enlargement, exopthalmos, tremor, and persistent tachycardia. The writer emphasizes the fact that early and rather persistent elevation of temperature of a degree or two is one of the most ecrtain diagnostic signs. Many cases that pass as neurasthenia, hysteria, etc., without a palpable etiological basis, he thinks are often manifestations of hyperthroidism.

It would not be amiss for those intending to go to Hot Springs, Ark., or even physicians, to familiarize themselves with the two pamphlets recetly issued by the Government Printing Office, Washington, D.C. One of these gives general information regarding the Hot Springs of Arkansas; the other is a report of the Medical Director of the Hot Spring Reservation to the Secretary of the Interior.

The Medical Director, Harry M. Hallock, Major and Surgeon of U.S.A., retired, says that there is every reason for believing that Hot Springs has entered upon an era of legitimate development as a national health resort, and that the spirit of commercialism which has so largely dominated local conditions in the past is rapidly giving way before the progressive and reform element that has been awakened in the local community.

If you are in a rut get out of it—and the only way to do this is to keep your eyes open on developments taking place all along the line, as it were. One of the ablest leaders in non-drug treatment of diseases is Dr. Albert Abrams, late of the medical faculty of Sanford University, Cal. He has been invited by the British Medical Association to participate at the next annual meeting in July, and on his way east will give his course on Spondylotherapy in Indianapolis, Cincinnati, Cleveland, Pittsburgh, and Philadelphia. Arrangements are being made by Mr. I. W. Long, 101 High Street, Columbus, Ohio. Those interested should write Mr. Long. See announcement on another page of this issue.

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Summary Gleanings

In tubercular hemorrhage, hydrastis is an excellent pulmonary hemostatic.

In iodoform poisoning give an emetic followed by 20 grains of potassium bromide.

Pilocarpine is very useful in poisoning by alcohol and belladonna.

Phenolphthalein is the ideal infant laxative when constipation is the only symptom.

In nocturnal incontinence or in night terrors look for adenoids in the naso-pharynx.

Snuffles and purulent rhinitis in young children may be due to syphilitic parents.

A crying infant probably has the stomach ache, earache, or is hungry; try an enema.

More trouble comes from over-feeding than from under-feeding infants.

Bromide of soda in 20-grain doses is excellent in relieving the itching of urticaria.

A calomel purge followed by an ice bag to the appendix will often abort an attack of appendicitis, if used early.

In every case of running ears or earache look for adenoids in the naso-pharynx and remove them.

Absolute rest and diet will do more for gastric ulcer than any other form of treatment; medicine is of no avail without it.

So-called liver spots can be cured by the application of an ointment of salicylic acid, 10%.

For burns of the first degree a saturated solution of picric acid (75 grs. to oz.) freely applied gives instant relief.

Ichthyol is of some service in pulmonary tuberculosis if given in capsule form in doses gradually increasing up to 30 grains.

A good febrifuge is composed of acetanilid, nitrate of potassium, bicarbonate of soda and minute doses of powdered ipecac.

In hemorrhage from lungs, kidneys, intestines or stomach, atropine is the best remedy; from uterus, hydrastis or ergot; from the lower bowel, hamamelis.

In any internal hemorrhage nitroglycerin will aid other remedies by dilating the superficial capillaries, thus lessening the internal pressure.

Don't forget that so-called "female trouble" may come from the bladder wholly, and will be relieved by local treatment to the bladder and mucosa only.

If you have made any discoveries, doctor, please report them to The SUMMARY. Don't use over 1000 words; 100 would perhaps be better.

In the treatment of burns, carbolized sweet oil in the proportion of one dram of carbolic acid to each six ounces of oil is said to make an excellent dressing.

Carbuncles may be aborted in their early stage by an injection of two to three minims of an 80% solution of carbolic acid in glycerin. Later 15 to 30 minims are needed.

Equal parts of carbolic acid and tincture of green soap make a good disinfectant wash for the hands and can be used full strength without injury.

Creosote should not be given to patients with fever or signs of congestion, nor with loss of appetite or long continued hectic. It may be given where there is no fever or only the slight fever of suppuration.

Iris versicolor influences every gland in the body, and for that reason it gives very good results in treatment of goiter. For chronic or malarial jaundice, iris will be found one of the most valuable and sure acting remedies. In my practice I find it a very great aid to the work of elimination done by liver and kidneys.—*Dr. Gregory.*

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The MEDICAL SUMMARY

A Monthly Journal of

PRACTICAL MEDICINE, NEW PREPARATIONS, ETC.

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ALCOHOL INJECTIONS FOR NEURALGIA.

Alcohol injections at the site of exit of the second and third branches of the trifacial nerve from the skull give excellent results. As it is perfectly possible to repeat these injections in case of a recurrence, this form of treatment is distinctly preferable to operation. It is impossible to treat the first branch of the nerve in this manner, but a more peripheral application might be worked out which would be effective.

MAY MUSINGS.

May and June are the healthiest months throughout most sections of the United States. It is during these balmy, invigorating months that the mortuary list runs lowest, the acute diseases abate, and the semi-invalids seem to get for the time-being a new lease on life. With a paucity of work and longer days in which to do it, many doctors find time hanging heavily on their hands about this time of the year. Will any of our readers heed a bit of paternalistic counsel? In thus dealing out advice do not imagine, doctor, that we are presuming upon your intelligence and your manhood. Far be it from us so to do. We fully realize that the words of the self-appointed monitor are usually sown on stony ground. These suggestions are therefore more in the way of reminders than of advice *per se*.

While you have an abundance of time, post up your books and send out statements rather voluminously. Occasional full settlements and understandings should be made with the good patrons as well as the poor ones. Otherwise they are not "good."

Overhaul and rehabilitate that decrepit electrical outfit. It probably got out of commission during the winter when you were very busy, and you remarked to yourself then that you would fix it up when you had more time. It may be that your nebulizer, your medical and surgical outfits, your medicine shelves and a few other pieces of

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your armamentarium need a bit of going over.

Has your equipment left off its winter earmarks and taken on summer dress? Have you made the necessary seasonable changes?

Every doctor who wants to be progressive should map out a line of study and research now while he has time and opportunity. It is never too late to begin. The majority of successful physicians are studious men, although not necessarily bookworms. Be studious and industrious and you will be a better physician five or ten years hence. And you will be better satisfied with yourself.

Read collateral sciences and become a thoroughly rounded-out man as well as a capable physician. The time has come when the doctor must be a man among men. The magazines and newspapers are now presenting medical subjects to the lay world and the searchlight of knowledge—all kinds of knowledge—is boring into every benighted corner. The physician must be a man of culture and versatility or the laity will soon find him out.

Versatility does not consist alone in acquainting oneself with ponderous subjects. We need rest and diversion as well as work and application. If a physician expects to attain a happy and healthy advanced age his work and play must be judiciously balanced and faithfully carried out.

Doctor, if there ever was a time when you ought to be happy and really glad that you are alive, that time is here and now.

INHALATIONS FOR BRONCHITIS.

Put a few drops of nitric acid in boiling water and inhale the fumes for five or ten minutes. Bronchial irritation is lessened with a corresponding salutary effect upon the mucous membranes. One observer advises the placing about the room of the sufferer from chronic bronchitis five or six pieces of filter paper which have been soaked in the following:

Menthol,
Eucalyptol .....āā 3ij.
Oil turpentine,
Spirits juniper .....āā 3v.

OPTIMISM A GOOD ASSET.

A contented, optimistic attitude of mind is one of the best things the doctor can possess. It may be foolish to be happy and it may not be uproariously progressive to be of serene, tranquil temperament. But it pays in the end. It pays to be cheerful and hopeful and loving for its good reactionary effect upon ourselves if for no other reason.

It is a laudable ambition, to be sure, to endeavor to increase your practice; but if such increase can not be obtained by fair and honorable means, then the best thing is to be satisfied with conditions as they are. The doctor with a monumental business has little time for self-improvement or for doing the little things that he really likes to do. Remember that while work is a good thing for all of us, too much of it sooner or later tells on us, and we find ourselves growing prematurely old. It takes both money and energy to carry on a big business of any kind, the practice of medicine being no exception.

If you have considerable time that is really your own, you are afforded a better opportunity to look after your little investments, your property, and your family. Again, you are the better permitted to conserve your own health. All these things are in the end of much more vital concern than the serving of a wide and diversified clientele who will soon forget you anyway.

Yes, be cheerful and optimistic. So many doctors say to themselves: "I will begin next week or next year to slow down and get to enjoying life." Unfortunately that time for many never comes. The lives of so many doctors we know are filled with turmoil and wavering doubts and fears for the future. Cast off that mental unrest today, doctor, and begin leading a hopeful, contented life. As a seasonable poetic suggestion, let us remember that "it is not always May."

Creosote is one of our best therapeutic agencies in lung and bronchial affections. It is better administered well-diluted in a suitable vehicle rather than in pill or capsule form.

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DO YOU READ THE ADVERTISEMENTS?

Do not skip the advertising pages, doctor. Some of the best things at the command of the profession appear first as advertisements. Some of our most dependable agencies rank as proprietaries. In The SUMMARY pages may be found announcements of goods of a varied sort that are a *sine qua non* to the profession. Advertisers are with few exceptions honest and present their goods with faith in them and with faith in physicians. If it were not for medical advertisements there would not be a dozen medical journals in existence. So we urge the reading of what advertisers have to say to you. If anything especially appeals to you write the firm for more information. This you will invariably receive promptly, and if it be possible samples will also be sent you. Don't be a "sample fiend," but nevertheless ask for anything that really appeals to you. When writing to advertisers you will confer a favor on us by stating that you saw the announcement in The MEDICAL SUMMARY.

POISON IVY.

This is the season of the type of dermatitis due to a toxic agency of vegetable origin. We usually call it "poison ivy," and let it go at that. Hot cloths wrung from an epsom salts solution and changed frequently are of value. Limewater is serviceable; so is a weak solution of ammonia. Sweet spirits of niter used freely at the beginning of an attack is thought by many to be abortive. It may be employed full strength or diluted. If there is much "weeping" astringent solutions are indicated. Salves and powders are as a rule unsatisfactory.

Hoarseness of public singers and speakers is improved by taking ten drops of dilute nitric acid in plenty of sweetened water three or four times daily. It is said that more immediate relief may be obtained by putting three or four drops on a square of loaf sugar and allowing it to dissolve slowly on the tongue, inhaling it into the lungs.

BABIES IN STYLE.

Styles move in a circle and are sure to get by a given point sooner or later. According to the daily prints babies are becoming fashionable among the aristocratic. It is said that 135,000 babies were born in New York city last year, and that the immensely rich and favorably environed contributed their share. This is a great increase—nearly 25 per cent.—over preceding years. The famous Fifth avenue has often borne the reproach of absence of babies—a reproach not altogether deserved, since that thoroughfare is inhabited mainly by bachelors, old maids, widows, widowers, and elderly people whose children are grown up. But even in aristocratic circles we are told that the stork is gaining in popularity.

A WORTHY ENTERPRISE—A NEW KIND OF HOSPITAL.

An experiment to demonstrate the feasibility of a plan to wipe out the centers of tuberculosis infection in the tenement districts of New York and other cities, has been undertaken by the New York Association for Improving the Condition of the Poor. An entire section of the East River Homes, more familiarly known as the Vanderbilt Tenements, has been leased for three years and has been converted into a home hospital. In this new institution the Association has begun a new experiment in the home treatment of consumptives and the relief of persons suffering from the disease. Into each of the twenty-four apartments will be moved a family which is dependent because of tuberculosis and which has been under the care of the Association. For the next three years an effort will be made to determine whether the spread of tuberculosis can be checked and cures affected under medical direction, aided by competent nursing, adequate relief, freedom from worry, fresh air and sunshine, and room for reasonable segregation. In this way the Association hopes to get near the home of the poor consumptive.

In every case of hemorrhoids look for congestion of the liver.

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OLIVER WENDELL HOLMES.

Of a great number of men who have left their names indelibly impressed upon the pages of history, one of these whom our fraternity should be pleased to honor is Oliver Wendell Holmes. He was a literatus in its broadest significance. He is known to the world mainly as a writer and poet, although as a physician and scientist, for his time, he deserves America's everlasting encomiums. He is usually accredited for first having pointed out the character and infectiousness of childbed fever. While he did not long practice medicine, yet, being a lecturer in the greatest medical institution the country afforded, his teachings went forward in the hundreds of young men who drank knowledge at his feet.

It required what we would now term "nerve" and a wonderful personality for a man like Holmes to get so healthy a grip on life and develop himself into the optimist that he did in view of his morbidly Puritanical environment. His father was a preacher of the old, old-school—the kind who believed in self-abnegation and dragging out a miserable, colorless life in order that a better one might be insured in the hereafter. It was a period of ascetisicm and the rigid doctrines were lived up to with a keen and abiding faith. Non-churchgoers were made horrible examples of to other unrighteous individuals; sometimes derelect worshipers were put in cages like squirrels in public places and the object lesson impressed upon would-be delinquents was, "Now will you be good?" These are extreme and striking examples of the spiritual status of things when Holmes was a little lad. It was the parental plan that young Holmes should follow in his father's footsteps and dispense this same caloric brand of orthodox religion. In fact, his first year in college was spent with that end in view, but he broke away from it and took up the study of law, this soon being abandoned for medicine. Holmes would, by reason of his peculiar talents and indomitable will, have distinguished himself either as a preacher or lawyer; but it seems that his lines were cast where humanity was most benefitted.

As a writer and poet he dispensed smiles and good cheer, he taught moral living and clean thinking, he formulated practical and philosophical rules of living that would appeal to all who needed help and encouragement. Holmes recognized the psychic wants and desires of sick people as did no other physician in his day and age. To him is due some of the credit of bringing the practice of medicine out of a befogged and semi-superstitious age and putting it on the semblance of a scientific basis.

THE ABUNDANCE OF WIDOWS.

Births average 110 boys to 100 girls. The widow crop is, however, much more abundant than that of widowers. The explanation is thus: Men die in the proportion of 54.4 per cent. and women 45.6 per cent. The death rate among males therefore exceeds the birth rate ratio.

FLATULENCE—ACUTE ATTACK.

In acute attacks of flatulence, hot water, with aromatic spirits of ammonia and spirits of chloroform, with perhaps a teaspoonful of brandy, often relieves the tension and spasm. Sometimes a drop or two of oil of cajuput in mucilage has a very good effect.

In cases in which it is possible for the patient to follow such advice we may recommend riding on horseback or traveling, sea-bathing for young subjects, or a voyage, as the best means for completing the cure and preventing a recurrence of the symptoms.

SODIUM SALICYLATE.

Dr. Finley Ellingwood, of Chicago, Ill., says: "Sodium salicylate, ordinarily used for rheumatic conditions alone, is a remedy the full scope of the action of which we do not yet understand. Its influences upon the mucous membranes of the nasal passages and the ears has been remarked upon. Its influence in controlling orbital cellulitis is in line with the specific action of the remedy in controlling orbital headaches, for which we have used it for many years."

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Leading Articles

Brief and practical articles, short and pithy reports of interesting cases in practice, new methods and new remedies as applicable in the treatment of diseases, are solicited from the profession for this department. ¶ Articles contributed for the Summary must be contributed to it exclusively. ¶ Write plainly and on one side of the paper.

The Editor is not responsible for the views of contributors.

THE PRACTICAL APPLICATION OF ELECTRICITY AS A THERA-

By J. R. Etter, M.D.

EDITORIAL NOTE.—Under the above caption the following introductory remarks will be followed by a series of short, practical articles, and while each article will be complete in itself, the series combined, will form a regular *vade-mecum* on "The Practical Application of Electricity as a Therapeutic Agent." These articles will be something different, that is, they will be presented in a different form from the general run of matter hitherto brought out on the subject in the books. No general practitioner can afford to miss a single number of THE SUMMARY containing this Series, which will run through all the present year and probably the next, and will give the technique of application minus the theory.

Electricity, the power that moves the world. Electricity, that mystic something which we cannot analyze, we cannot tell its chemistry, its anatomy, its physiology, its "ions." Yet we have learned to harness it so as to make it do our will. We light our houses, we light our streets, we cook our meals, we send messages by telegraph to distant friends, we talk over the telephone and know the voices of our loved ones. We are whirled from place to place at tremendous speed on the electric car, we cable across the briny deep, we talk to people and see their faces at the same time, we hear the voice of those who have passed to the other side,—through the phonograph, we recognize it. We hear great singers, tragedians, scientists and others who have long since passed from this sphere of existence, the same having been recorded in a phonograph. The wonderful printing presses that grind out their tons of reading matter each day, the ponderous machines that makes the implements of the artisan, the workshops and the mines, are all under tribute to electricity. And last, but not least, it is one of the most certain and efficacious remedies for human ills that we have in our armamentarium. It is not a cure-all, but it has its field, a field that cannot be supplied so well by any other agent.

It is not my intention to enter into a scientific discussion of electricity, lest I, like many who have attempted it before, will leave my readers in deeper mystery than I found them. I have studied electricity in many of its fields of usefulness, such as electric light, railway, telegraph, telephone, and other places where it has been used in the arts. For twenty years I have used it in medicine, and I shall limit my remarks to the practical application of electricity as a therapeutic agent, or, more properly speaking, to the many little things that go to make up the technique of its application at the bedside. There are many elaborate works written along theoretical lines, to which the reader is respectfully referred, if he desires to know how many different theories there are on the same points, but at the same time their mark is so high they entirely overlook the practical points that go to make up the successful practitioner of electro-therapeutics.

One writer, being anxious to give his readers positive and exact information as to electricity, defines the "atomic unit," as he is pleased to call it, "about the hundred trillionth of a coulomb." Again, in order to state clearly the attractive power of electricity, he says, comparing it with the law of gravitation, it is "ten thousand million million million times greater." I give space to the above statements that my readers who have a sufficiently elastic imagination to comprehend such a string of incomprehensible figures, may know the exact facts about the whole subject. How sad he would be if some day he should wake up and find that some fertile brain had demonstrated

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the fact that he had missed his calculation a few hundred times.

There is a "knack" in using this agent—I can think of no better word to use—that has far more to do with its success than all the finespun theories that so far have been promulgated. In conversation with many hundreds of physicians I find that the almost universal stumbling-block is to get their patients to use electricity, or at least to persevere in its use long enough to obtain beneficial results. This may be explained, to some extent at least, from the fact that its mystery has opened a large field for charlatans to prey upon the public, promising immediate and wonderful cures. They ignore all other therapeutic agents, and promise speedy cure of everything from an ingrowing toenail to cerebrospinal meningitis. Then there are many reputable practitioners who have delved through the technical works on the subject until their brain is so muddled as to the whys and wherefores, without finding the "hows" or the immediate way to supply it to their patient, that in their bewilderment they shock their patient so severely at the first treatment that they will not give them a second chance to try their wonderful skill, and thus another one is added to the list of those who have no faith in electricity,—in fact, I might say two, the doctor and the patient. After patients have had one or two experiences of this kind, it is very hard for a man skilled in its use to prevail on them to try it again. I sometimes wonder, when I hear the harrowing tales they tell, that they could be induced to try again. In such cases it is often necessary to give several treatments so mild as to be of little benefit, to regain the confidence of the patient, and this is a part of the "knack" spoken of above. When a patient comes into your office, and, after a careful examination, you find enlarged glands or some deposit about a joint, and you suggest the use of electricity, but he will tell you that Dr. So-and-So had treated him for months with electricity without any benefit, and when you inquire into it you find that he had been using a faradic current to perform cataphoresis with, and of course had failed. If a surgeon were to perform an amputation, he would most likely use an amputating knife and bone saw, but if he were to perform a laparotomy, it is probable that these instruments would not enter into his armamentarium; and it is the same way with electricity—one must have the proper tools to do the several kinds of work, or he will surely fail. Any agent that is powerful for good is also powerful for evil when improperly used, and electricity is no exception to the rule.

In this series of articles I shall not attempt rhetorical feats, nor will I burden SUMMARY readers with technical words and phrases that so abundantly abound in the electrical field, but will endeavor to say what I have to say in such language that the ordinary intelligent man can understand what I mean, without having a dictionary at hand as he reads.

Crawfordsville, Ind.

DIAGNOSIS AND TREATMENT OF PELVIC INFECTION.

BY E. E. PERISHO, M.D.

The diagnosis and treatment of pelvic infection has been quite an interesting subject to me during the past few years. My experience in a large number of cases has caused me to believe that this is one of the important diseases of the day, and for a physician to be able to say that a patient has pelvic infection, without knowing the kind of bacteria causing the trouble, is of but little use to either the patient or the physician, as I believe the treatment and outcome of the case depends largely upon this question.

My object in presenting this paper will be my endeavor to arrange the clinical symptoms of pelvic infection in such a manner that a distinct differential diagnosis of the two most common kinds of infection we have to deal with can be made before operating, viz.: gonococcus and streptococcus infections of the tubes, and that we may be able to treat our cases on a safer basis than we could otherwise do.

All operators as well as general practitioners recognize that the severity and mortality of the case depends largely upon whether or not the infection is due to streptococcus or gonococcus. The records

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of all hospitals show the majority of the deaths that follow operations for the removal of pelvic masses is where the bacteriological examination proved the infection to be due to streptococcus. Almost all the cases operated on with gonococcus infection made a good recovery.

With these facts in mind, I know of but few other diseases that cause the average man so much uncertainty as to just what line of treatment to advise. The puzzling question is, should this patient be operated upon or not? If so, when and what operation should be done?

If it is a streptococcus infection, and an abdominal removal of the mass is done, the patient is quite sure to die. If a gonorrheal infection, the mass can be removed and the patient will live and make a good recovery. The keynote then is to determine what is the infection causing the trouble. This, in the past, has usually been done at the time of operation, by obtaining a culture of the pus, but that is rather too late to be of any special benefit to the patient.

There is usually no external secretions obtainable that can be relied upon, and as yet we have no reaction agent, like tuberculin, to make the reaction tests, so our diagnosis must be made from a clinical standpoint if it is to be of any value in saving the life of the patient. The clinical and pathological, as well as the experimental study of these two infections, has been so extensively investigated that almost all of our standard modern text-books, as well as numerous articles in the literature, give separate and distinct clinical symptoms for each infection, so that the great majority of all cases should be quite positively diagnosed as to the kind of infection we have to deal with, before operation.

I shall limit my clinical description to these two infections, as the various hospital records, where bacteriological examinations have been made, prove that they constitute about 93% of all the cases, and the remaining 7% are due to other bacteria, such as the streptococcus albus and aureolatus coli bacilli and pneumonococci, but as all of these latter bacteria produce almost the same clinical and pathological conditions as the streptococci, they will come under that classification. So that the object of this classification will be to differentiate clinically between the germs that are confined to the mucous membranes, producing pyosalpinx or a localized abscess, and the germs that penetrate the walls of the uterus and tubes producing metritis, perimetritis, or a diffuse septic peritonitis.

In a series of 3000 cases reported by Dr. Hyde in the *American Journal of Obstetrics*, 1908, he found only 456 cases or 6% due to other infections. The bacteriological examinations of E. Raymond, Magill, Howard Kelly, and others, are of about the same per cent. I find that all the various bacteriological records of these cases prove that about 55% of the chronic cases are sterile at the time of operation, 25% due to gonococcus, 12% to streptococcus, and 6% to 7% due to other infections. It is estimated that the majority of the 55% of sterile cases were probably originally a gonococcic infection, which makes about 70% or more of all cases due to gonorrhea.

It is a well-known clinical fact that in chronic infection of any hollow organ the pus is usually sterile, even when it had been decidedly infectious during the acute stage, but there is a great difference as to the persistency of the virulence of different germs.

The gonococcus usually becomes sterile in about one to three months; the virulence of streptococcus usually persists for a much longer time, or indefinitely. Miller reports a case where the streptococcus persisted for six years; Martin, of Berlin, states that streptococcus has been found fully virulent, in a pelvic inflammatory mass, after nineteen years. Crossen, of St. Louis, says automatic sterilization of streptococcus abscesses is perhaps possible, but it is so rare that it can not be relied upon. He further says a streptococcus mass in the pelvis is always dangerous and abdominal section for the removal of the same, at any time, is apt to be followed by fatal peritonitis.

The clinical differential diagnosis of the two infections is made on two points, namely: 1st, the mode of onset, or the early history of the infection; 2d, on the location and extent of tissue involved.

The gonococcic infections are preceeded by a history of gonorrhea; that is, a spontaneous purulent lucorrhea, urethritis, caus-

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ing a burning on urination, and an abscess of the vulvo-vaginal glands, etc. Oftimes there has been no apparent cause or symptoms previous to the tube trouble, as a woman may have a mild attack of gonorrhea without her knowledge of it. Gonococcus will invade the normal uterus and tubes without producing any external irritation. It is considered to be the only germ that can or does invade the normal uterus and tubes of the adult. There are a few cases recorded where streptococcus has been found in the tubes of young girls, but none has ever been found in the adult, where there has been no pre-existing external disease.

The location and character of the pelvic trouble is almost diagnostic of itself. The extension or spread of the gonorrheal inflammation is almost invariably along the uterine mucosa into the tubes, toward the ovary, into the peritoneal cavity. Gonococcus almost never penetrates through the uterine or tube walls into the connective tissue of the parametrium; even when it does get into the connective tissue, it does not form an inflammatory mass, or a general peritonitis.

Various experiments have been made by injecting pure culture of gonococcus into the connective tissues, but no decided inflammatory reaction has resulted. The literature contains a very few cases of parametrial abscesses that have resulted from gonorrheal infection

If gonococcus pus is forced through the fimbrinated end of the tube into the abdominal cavity, it produces a localized abscess instead of a general peritonitis, as does the streptococcus. The mass due to a gonococcic infection can usually be palpated along the tube and outlined distinct from the uterus. It is usually situated rather high in the tube and ovarian region; it has a soft elastic sensation, and a rounded outline, or, if large, it may be prolapsed into the cul-de-sac. There is usually a distinct groove, marking the point where the mass and uterus come in contact.

The onset of the acute stage is usually mild, the acute inflammatory condition subsides in one to three weeks to run a more or less chronic course with repeated subacute attacks.

In the streptococcus cases, the inflammatory mass can nearly always be traced to sepsis following labor or a miscarriage. The infection may be due to a curettement or other intra-uterine operations or treatments. Streptococcus infection does not spontaneously penetrate the healthy non-puerperal uterus, as does the gonococcus. In other words, there is always a distinct uterine affection preceding the attack. If the pelvic mass can not be traced to some such a history, it is safe to say that it is not due to streptococcus. Not all the puerperal cases are due to streptococcus, as the bacteriological examinations, in various hospitals, show that about 25% of the cases of puerperal infection are due to gonococcus, but they are usually of a mild type and run a short course. There is usually a history of a preceding gonorrheal infection, but not always, as the gonococcus may lie dormant in the glands for a long time following an old infection or exposure. A search should always be made about the external genitals for evidence of old gonorrhea, and signs of previous inflammation of the urethra, of the vulvo-vaginal glands, red spots, etc. Even then negative findings do not exclude the gonorrheal infection. The location and character of the mass will then have to be relied upon for a diagnosis.

The streptococcus penetrates the wall of the uterus and tubes, and spreads through the connective tissues into the surrounding parametrium, and it is not confined to the mucous tissues as is the gonococcus. The mass is of an inflammatory nature in the connective tissue outside the tube and uterus. It is usually in the broad ligament and low down beside the uterus into the pelvis, and blends with the uterine walls as if it were an outgrowth or a part of the uterus. It is hard and dense, oftimes simulating a cartilaginous or bony tumor.

Occasionally we find a case that gives a history of a gonorrheal infection, in addition to a well-defined puerperal infection, where the pelvic findings may resemble a combination of the conditions I have described so that it might be called a mixed infection; but in all such cases, for the safety of the patient, it should be regarded as a streptococcus infection. Howard Kelly says mixed infection of two or more organisms are rarely found.

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A differential diagnosis of a pelvic infection of the uterus and tubes, or both, from a ruptured eptopic, with a hematoma should be kept in mind. The pelvic infection usually has a preceeding history of some infection, and the clinical condition is that of an inflammatory nature, while in eptopic there is usually a history of sterility, irregular menstruation, with no pre-existing infection. The attack comes on suddenly with severe pains of almost unbearable nature, causing more or less of a shock or collapse. There is no febrile or inflammatory disturbance for several days following the attack.

Tubercular infection of the uterus and tubes occurs quite often, but it is usually secondary to disease elsewhere; progresses slowly and insiduously, so that there is not usually much difficulty in differentiating it from acute pelvic infection due to other organisms.

The treatment for all acute pelvic infections is absolute rest in bed with ice packs and free elimination until all the active symptoms have subsided. The large majority of all cases will subside and the patient will go on with an apparent complete recovery. Spontaneous rupture of pus tubes into the peritoneal cavity with fatal peritonitis, is so rare that almost all surgeons regard it safer and better to follow the rest and conservative treatment.

Dr. Bonney, of Denver, in the November *Journal of Surgery Gyneology and Obstetrics*, reports a case of ruptured pyosalphinx, in which article he says he made an exhaustive search through the literature and found only 31 cases up to June 1st, 1909. He then wrote personal letters to fifty surgeons, asking them for their experiences. Out of this number only nine had seen a case, who reported a total of thirteen cases.

It is, therefore, safe to say that rupture in these cases is of very rare occurrence as compared with abscesses of the appendix and other organs, and need not be feared by the physician while waiting for the inflammation to subside.

The early removal of the tubes and ovaries is not practiced as it was a few years ago. Many say that no abdominal operation for the removal of the mass should be done for at least three months following the acute attack, even in the gonnorrheal cases, as it is now known that the streptococcus cases have a tendency to subside so that the patient will need no operative treatment; while about 50% of the gonococcic cases run to chronic debility. In the streptococcus cases, where the mass is of a hard cartilaginous inflammatory nature, with dense adhesions binding the mass to the uterus, it should probably never be operated upon, or if so, with great precaution, as it is usually very difficult and dangerous to try to enucleate the mass from the uterus. If the mass and adhesions disturb the patient's health so as to demand an operation, a complete hysterectomy should be done in these cases.

If the case is of a gonorrheal nature, and has become chronic with repeated attacks so as to cause considerable discomfort and poor health, the abdominal enucleation and removal of the pus sacs can be done fairly easily and with a fair degree of safety to the patient, with a complete restoration to good health. But no abdominal removal of the diseased tubes should be done until several weeks after the acute stage has subsided. If the operator will refrain from operating on cases following abortions, parturitions, or intrauterine applications, etc., where there has been quite an active infection with a dense hard mass binding the broad ligament and tube to the wall of the uterus, the mortality will be very much smaller than it has been in the past, especially with the amateur surgeon.

If during the acute or subacute attack, there is a collection of pus that can be reached and evacuated by a vaginal drainage, it should be done. If this cannot be done, it may be drained extra peritoneal above pouparts ligament, but due care should be taken not to open the pus sac into the peritoneal cavity.

Extra peritoneal drainage should be done any time in any kind of infection whenever a pus collection can be reached. Very often the patient will make a complete recovery, so that no further operation will be needed.

The two following cases will well illustrate the clinical conditions I have described: Mrs. S., age 25, married six years, (wife of a saloon-keeper, who gave a history of gonorrhea one year after marriage)

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mother of one child five years old, had one miscarriage four years ago with normal recovery, after which she contracted gonorrhea. Three years ago she was sick and in a hospital with pains in her side and fever for two weeks. This subsided so that she was able to do light housekeeping. There had been a constant soreness in both sides since this time, and always very painful during each menstruation. June 1st, 1908, she was taken sick with severe pains in both sides and tender to pressure, temperature 103; vaginal examination revealed a large rounded elastic mass out toward the distal end of both tubes, very tender to touch. It could be outlined distinct from the body of the uterus. The temperature and active symptoms subsided in about three weeks. One month later the abdomen was opened and both tubes were found bound down by numerous adhesions, which were loosened up and the right tube, containing about one ounce of creamy pus, was removed, leaving the ovary. The left tube contained a large abscess involving both tube and ovary, necessitating complete removal of both. Patient made a prompt recovery.

CASE 2.—Mrs. F., age 30 years, married eight years, mother of one child, seven years old; one miscarriage five years ago, which was followed by a fever and soreness in the abdomen, since which time she has never been well; complained of pains in her sides, and severe pains on menstruation. She had taken local treatment from local physicians for years without relief. September, 1908, was taken sick with severe pains in both sides and tenderness over lower abdomen; temperature 103. On examination a hard dense mass was found each side of the uterus, and extending to both tubes. The uterus and tubes could not be separated, all seemed one hard mass. Vaginal drainage was advised but refused. All active symptoms subsided in two weeks, leaving the hard mass, which was immovable and hard to touch. After temperature had remained normal one month, the abdomen was opened to find the uterus and tubes bound down with such dense adhesions that it was very difficult to separate the mass from the neighboring organs. After the adhesions had been broken up, the intestines were carefully packed away with lap sponges, and the right tube, containing a hard inflammatory mass with a pus sac, was dissected away from the uterus without liberating any of the pus.

The left tube was surrounded by a hard mass attached to the uterus and broad ligament, so as to make it difficult to recognize and separate the parts. In my efforts to separate the organs, and enucleate the mass from the uterus, I opened into a pus pocket, which was carefully cleansed out so as to prevent any of the pus from contaminating the field of operation. The mass, including tube ovary and broad ligament, was removed. Vaginal drainage was introduced, also gauze drainage left in the abdominal incision. Patient died the fourth day from peritonitis.

Bacteriological examination was not made, but from the numerously reported cases of this kind that have been examined, it is safe to say it was a typical streptococcus infection, which I should have drained by vagina, and this would have been difficult as there was but little pus. The entire mass seemed to be of an inflammatory nature. A hysterectomy should have been done in this case, if any operation. This could have been done without liberating the pus, which was spilled in trying to separate the mass from the side of the uterus.

Other cases where I have found the mass involving the uterus and parametrium, so as to look suspicious, I have had an assistant make a vaginal drainage while I assisted by holding the mass down and directing the course of the vaginal puncture, and have closed the abdomen with all adhesions, etc., left undisturbed, with good recoveries.

Streator, Ill.

SCIATICA.

Sciatica being an intractable affection, it has many remedies for its alleviation and many methods of employing them. When relief follows we are prone to attribute the benign reaction to the last remedy employed. As a palliative measure the spraying of the limb over the sacrosciatic notch with sulphuric ether usually gives gratifying results. A common atomizer may be used and the finer the spray the more rapid will be the freezing effect.

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DISEASE AND OLD AGE.

By J. L. Wolfe, M.D.

When man reaches the zenith of his physical existence, he does not stand a perfect physical man, but already a hereditary predisposition, or the struggle of life for an existence, or habit of vice, has laid the hand of decay upon some one or more organs of his system, so that he starts down the declivity of his existence under disadvantages. Until the climax of physical existence is reached, the natural tendencies of the organism is to combat disease, but as soon as the point of descent is reached, conditions change, a retrograde progress is commenced, and as life recedes and vitality diminishes, just in the same proportion does the body lose its power of resistence. At this time certain changes set up in the physical economy known as involution which are not yet visible on post-mortem examination except by the microscope. As to what these changes are there are several theories.

One reason that the senile change is resident in the nature of the cell which holds within itself the conditions of its life, that in mankind there is a constant molecular renovation, the cessation of which in old age cannot be explained. Another writer thinks that at the climax of life the plastic or formative force begins to grow weaker, and that it changes its object in the generation of pseudoplasma. Still another thinks that the essential feature of senility is the quality and quantity of the interstitial nutritive material, the cause of which change he finds in an alteration in the conditions of the circulation, induced by the atheromatous process.

Whether this condition exists solely in the cells, or in the plastic, or in the interstitial nutritive material, we know that it is general, affecting every part of the body. The flesh is shrunken, the skin is wrinkled, the nails and bones become fragile, the hair white, the frame bent, everything denoting decay. The arterial system becomes atheromatous, a fatty and calcareous degeneration extending from the capillaries through the entire arterial system involving the heart, the right side of which, especially, suffers from a disordered nutrition because of a sclerotic condition of the coronary arteries. This produces a sluggish circulation, to overcome which and restore a circulatory equilibrium the action of the heart must be quickened and strengthened, which results in cardiac hypertrophy.

The chest walls are wasted from an absorption of the fat, and a changing of the cartilaginous substance into bone causes the whole of the chest wall, the sternum and the two sides to act as one piece in respiration. The apex beat is much more pronounced and located lower down, generally between the sixth and seventh ribs. Old age is an indefinite term since those conditions which go to make up old age are often prematurely produced by hardships, dissipation and exposure in early life. A man may suffer from the effects of old age at fifty, or because of a rugged body and discreet life it may be postponed until eighty. Instances of premature senility are abundant at the present day, and are rapidly increasing with each generation, while instances of death from a wearing out uncomplicated by disease are few.

Extremely fortunate is the child of healthy parents, born into the world with a sound and vigorous body, reared by intelligent and thinking guardians, for here the treatment of disease and old age must begin if successfully practiced. In that perilous time of life, youth and young manhood, the foundation for a long and healthy life must be laid, but how disproportionately large the majority who strand at this stage of life.

Treatment of disease in the aged should be different from what it would be in adult age. First, caution should be taken in diagnosis of the case, because of complications which are almost sure to be present, having been induced by the wear and tear of years of activity and toil. All applications and drugs should be avoided which tend to weaken the action of any vital organ.

Cedar Falls, Iowa.

The best combination for mild counter-irritation over chest or abdomen is turpentine and soap liniment, equal parts, sprinkled on warm flannel—with or without oil-silk, or thin rubber tissue covering.

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PROGNOSIS AND TREATMENT OF PLACENTA PRAEVIA.

By A. D. Hard, M.D.

The prognosis of ordinary form of marginal prævia is favorable if the patient has not already lost enough blood to weaken her ability to bear the measures needed to give her relief. About eight per cent. of all cases that are treated in a hurry without complete asepsis become infected and succomb to septic fever. The great majority of all cases escape septic infection even though nothing is done to prevent it. Prognosis depends almost altogether on the amount of hemorrhage at one time. If a woman of 140 pounds loses seven pints of blood in 24 hours, she will usually die. Prognosis in any given case also depends upon rapidity of hemorrhage. Four pints lost in 30 minutes will be as dangerous to life as six pints distributed over six hours. Prognosis also depends upon the promptness and efficiency of the physician. An easy-going doctor who treats his cases on the expectant plan—expect them to recover on any old treatment—will lose almost all of his cases of placenta prævia. The resourceful physician who acts, and acts quickly, will save almost all of his cases.

The treatment consists in stopping the hemorrhage. The hemorrhage can best be stopped if the uterus is emptied quickly and be made to contract. The best way to empty the uterus is to dilate the cervix with the fingers of both hands so as not to insert any one finger too deep inside the cervix and open up new sources of bleeding. The best way to prevent the dangerous bleeding that occurs between pains is to give tablespoonful doses of squibb's ergot until pains are continuous instead of intermittent. If the cervix can be dilated quickly and the head presents, forceps delivery is indicated. If the cervix is difficult to dilate version is indicated and constant traction in order to produce pressure on the bleeding surfaces until pains contract the uterus. Rapid extraction of the placenta by moderate traction on the cord and compression of the uterus over the abdominal walls is demanded. Compression of the uterus by the hands of an assistant on the abdominal walls is a valuable aid at all times. Applications of cold are useless and dangerous. Concealed hemorrhage in complete prævia calls for pushing the hand through the placenta quickly, version and drawing down one leg only to act as a plug to close the bleeding vessels until contactions can be secured of a continuous nature by big doses of ergot.

In manual work the patient should be placed in the lithotomy position across the bed, and the limbs be held firmly by two assistants. The closer the thighs are crowded down upon the abdomen the better. No medicines are to be thought of except ergot, and that in tablespoonful doses every half hour. This may be supplemented with hypodermic injections of ergot in the thighs at frequent intervals until pains of a constant nature are induced.

Continuous uterine contraction always stops the bleeding if it can be secured in a pronounced form. Vaginal tampons do nothing but dam back the flow in the distending uterus and is just as fatal as to allow the blood to emerge. Hemorrhage into the uterus is exactly the same as hemorrhage into the bed, as far as results are concerned. When the diagnosis is made of placenta prævia and bleeding is in progress there is no time to stop and think. Act at once, and act with decision. Order those around you to keep cool and follow your directions without questions. Do not waste too much time in getting ready. There is no time for a great display of tools and red tape. Cleanse your hands if there is time, but do not let the woman die while you are trimming your nails. When you give the hypodermic of ergot do not stop for aseptic ergot or aseptic syringe. These are minor matters of not much importance, anyway. Rapid action is the thing to be given the most importance. When the work is done and the pale and almost bloodless woman is out of immediate danger, give her half teaspoonfuls of Valentine's meat juice every hour and keep her head very low. Knead the uterus every hour with the hands to keep up constant contraction. Give her all the cold water that she wants to drink, and she will want a lot.

In twelve hours she will make three pints of new blood to take the place of that which was lost. Then look out for sepsis. She should be seen very often, as symptoms may

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supervene with but little notice of their approach. Echinacea, sulphide of calcium and true calicylate of soda, are the only internal remedies. Listerine and boiled water, equal parts, make the best possible vaginal or intrauterine douche.

Marshall, Minn.

CALOMEL IN THE INTESTINAL TROUBLES OF INFANTS.—THE UNSALTED INFANT.

By Thomas R. Evans, M.D.

According to one derivation, the word calomel is derived from kalos, fair, and melas, black, for it is said to have beautified the complexion of an African princess, hence Ethiop's mineral.

This reminds one of the fact that citizens of African descent, at least in my knowledge, drink tea and not coffee, as they think tea tends to promote a light or tan color. The dry form of calomel is made through the agency of a mercurous salt and chloride of sodium.

The season for gastro-intestinal affections of infants approaches, and there is nothing new in the statement that calomel is excellent in the preliminary stage of such diseases, but when it is stated that it is the best remedy the advocates of the new intestinal antiseptics may not agreee with me.

As a result of the French Revolution both calomel and Sunday were done away with, but it was soon demonstrated that the overworked liver and the overworked man required their restoration.

Calomel is pre-eminent for infants who may need it—said to be insoluble, tasteless, yet it has a sweetish taste, giving rise to another derivation of the word. Its small dosage, its weight, tending to prevent regurgitation, and its property of sticking, cause it to be a sovereign remedy. Except for convenience of dosage, its compression is a mistake, its impalpableness a virtue. The soda in the tablet is in too small amount for therapeutic effect. The doctrine is that soda "directs" the calomel to the liver. The calomel and soda tablet should be thoroughly pulverized, and an indefinite amount of bicarbonate of soda added, and a little sugar to prevent the semi-caustic effect of calomel on the mouth. When such a dose is given, but little calomel is required, and no subsequent purgative, provided the soda is thoroughly incorporated with the calomel. Here the teaching of Hahnemann seems true, the finer the powder and the more intimate the incorporation, the more potent the effect.

Intestinal affections of infants and not gastric ones are the chief causes of our employment in hot weather. This is due to several factors pertaining to the infant's stomach. It is a small expansion of a convoluted tube; like a tilted pitcher it easily slops over; it sends an overplus, or irritating matter, up or down. A slight pressure, or a slight change in the axis of its body, will sometimes cause it to spill over. Shakespeare's idea of a baby is a thing which mewles and pukes in its nurse's arms—this makes for health. But when matter gets into its intestines it is longer retained.

Salt for the stomach, calomel and soda for the intestines.

It is never recommended to give a breast-fed baby an occasional pinch of salt, yet this is physiological, particularly when the baby is colicked. Its gastric juice is comparatively weak, for the salt for its manufacture is only very indirectly derived. Man is a salt-using animal. The digestive function in the small intestine is carried on in an alkaline medium. The condition of the infant in hot weather is apt to be an acid one. Heat causes acidity. When acid chyme, too pronounced and in large amount, is seeped into the infant's intestine, then the danger appears. When the acid overcomes the alkaline condition of the intestines, we provoke the alkaline bile, the alkaline pancreatic saliva, and the alkaline succus intericus with calomel and soda. No poet has sung or can fully sing the praises of calomel under such circumstances.

Huntington, W. Va.

In case of impacted ear-wax in either or both ears, try a little peroxide of hydrogen on a plegget of cotton placed in the ear for a few minutes. The results will surprise you.

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THE RATIONAL TREATMENT OF HYSTERIA WITHOUT MINUTE PSYCHOANALYSIS.

By Tom A. Williams, M.B., C.M., Edin.

Member Corresponding Society of Neurology and Psychology of Paris, Etc. Neurologist to Epiphany Free Dispensary, Washington, D. C.

By hysteria is not signified general emotionalism or nervous excitement, nor will consideration be given to cases of simulation, nor querulous psychosis. And, of course, psychasthenia and neurasthenia, as well as lower neurone disorders, will not enter into the consideration. It is not the form or aspect of the symptom which entitles it to the designation hysterical. The criterion of hysteria is its genesis, for the methods of psychopathology do not differ from those of somatopathology in seeking an ætiological classification.

Babinski has brought order from chaos by limiting the term hysteria to disorders generated by suggestion, and excluding all other disorders from this group. The justification of this classification has been given at length elsewhere*, so I shall not discuss it here. I have selected from my records a series of cases† which seem best to illustrate how success is to be attained in treating hysteria, for they show how a thorough appreciation of the part played by suggestion in ætiology leads to a scientific therapeusis. In this therapeusis suggestion, however, plays only an insignificant part; indeed, some of the cases illustrate the failure of suggestion as against the success of enlightenment, rational persuasion and reduction of the patient's erroneous attitude of mind, which are the means of giving the patient a relief which is likely to be permenent, whereas the crude *leger de main* constituted by most suggestive measures, even if successful in removing a symptom, only accenuates a person's liability to relapse by further increasing the suggestibility.

For convenience I have divided cases into three types: (1) Where the causative suggestion is found to originate in some organic disease. This is the commonest type and the most practically important, because the hysteria often creates far more functional disability than does the disease which suggests it.

(2) Cases in which the causative suggestion was not discovered because of insufficient psychoanalysis, but in which the secondary effects of the undiscovered suggestion which had become a habit were removed by psychomotor discipline, and the tendency to further hurtful suggestions was minimized by psychotherapeutic measures consisting of the readjustment of the patient's point of view. These cases are not uncommon in practice, are rarely cured either by mediate or immediate suggestion, and require a knowledge of psychotherapeutic technique for their successful treatment.

(3) Cases of hysterizability, whether innate from family predisposition, or acquired usually in childhood on account of improper upbringing and lack of education in self-control, and against impulsivity and inattention. These cases are in want of pedigogical as well as medical assistance, but as those who usually come to the doctor, do so because their ailment is supposed to be physical, the physician must become pedigogue towards those patients, at least until the false ideas as to their physical states which have arisen from suggestion have been transformed.

It is not necessary to illustrate in detail the mechanism by which suggestion produces symptoms, for that has been done in several preceding communications: The Genesis of Hysterical Symptoms in Childhood, *Medical Record*, 1910; The Function of the Neurologist, *Medical Record*, 1911; Hysteria and Pseudohysteria, *American Journal of Medical Sciences*, 1910. Besides, many of the cases incidentally reveal the pathogen of their symptoms.

1758 K St., N. W., Washington, D. C.

*International Clinic, 1908, Vol. III.
†Medical Annual, Washington, D.C., Jan., 1912.

Anal Fissure.—Anesthetize with cocain and apply pure ichthyol. Subsequent applications should be made on alternate days. Give sulphur in generous doses to keep the stools soft and to further promote the healing process.

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SOME SUMMER REMEDIES AND THEIR INDICATIONS.

By H. Hamilton Redfield, A.B., M.D.

Professor of Therapeutics in The Bennett Medical College, Medical Department of The Lyola University, Chicago, Illinois. Chief Therapeutist to The Jefferson Park Hospital, Chicago, Ill.

The two cardinal seasons of the year—winter and summer—presenting as they do diseases which are peculiar to themselves, should hold a vast store of interest to the every-day practicing physician, the common "family doctor," the man out on the firing line, not blessed with the latest diagnostic appliances or therapeutic innovations, the man who must make good, and to whom his neighbors are looking for results, and not theories. As the winter season has its long train of coughs and colds, its diseases of the chest and lungs, its rheumatisms, its pneumonias, bronchitis, tonsilitis, etc., so does the summer bring with it its following of enteric conditions, its diarrheas and other kindred affections of childhood. The sudden transition from cold to warm, often proves a very potent factor in the production of conditions not met with at any other period of the year. The thawing out of garbage heaps, the flooding of cesspools and cisterns by the excess of surface water from the melting snow, the use of milk from unsanitary vessels, the eating of unripe or decayed vegetables or fruit, all these play an important role in the etiology of the diseases of children, peculiar to the spring and summer months. The question of dentition is one that should be dismissed as unworthy of serious consideration, when summing up the causative factors in the production of the summer diseases of children.

Before going into a discussion of the indications calling for the exhibition of any of the remedies which are peculiarly adapted to the treatment of these summer complaints, it might be well to review in brief the etiology, pathology and symptomatology of some of the more common conditions with which the physician is called upon to cope, after which we can give some attention to those remedies which have proven their worthiness in thousands of cases, and are therefore entitled to a close and careful study.

The first of these summer conditions which the family doctor meets is what is commonly known as common diarrhea.

Synonyms.—Intestinal catarrh, without anatomical changes; acuter darmkatarrh; diarhee catarrhale; diarrhee idiopathique.

Varieties.—Lienteric (irritative), idiopathic, symptomatic, diarrhea ablactatorum.

Etiology.—Nervous excitement of the muscles of the intestines, either simply from mental impressions, reflexly, or from irritation within the intestines themselves—worms, impacted feces, curds, undigested foods, ptomaines, toxins, etc.; also critical as in certain diseases such as measles, etc.

Exciting Causes.—Cold, bad hygeinic surroundings, fear, anger richitis, intestinal worms, impressions made upon the nurse, eruptive fevers, wrong foods, decayed or unripe food, unclean dishes or nursing bottles, poor nurse, weaning during the heated months, suppressed eruptions, fruit, etc.

Predisposing.—Bad air, hospitals, foundlings' homes, uncleanliness, hot weather, continued for several days.

The principal of these etiological factors in young children is unsuitable quantity or quality of their food conjoined with hot weather.

Complications.—Emaciation, if diarrhea is persistent; the skin becomes leaden in color, face pinched, and the muscles flabby and soft.

Symptoms.—In the case of children who are very strong the symptoms are most marked at night, the child sleeps only lightly, it tosses about or cries out in its sleep, there may be colic with considerable pain, the little sufferer drawing up its legs against the abdomen during the paroxysms. In the day time the child is fretful, peevish, and suffers occasional attacks of colic.

The early hours of the condition are marked by an absence of fever, and the nursing is eager. There is difficulty experienced in swallowing, and in many instances regurgitation of curds of milk occur. The stools may be thin and watery, mucus or phlegm, mixed with undigested particles of food, bits of meat, vegetables, or lumps of casein. Early the stool is of normal color and homogeneous, later they

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change to greenish, thin, or gray, rice-water stools of summer diarrhea, in which event they lose their odor and become either neutral or alkaline in reaction, their ejection being exceedingly forceful. Generally there is moderate distension of the abdomen with tenesmus and rumbling in the intestines (borborygmi).

COURSE.—Recovery as a rule is more frequent in these cases than it is in cholera infantum; generally in one or two days there is a change in the character of the stool, they becoming more consistent, although they may still contain considerable amounts of mucus. In other cases, there is a following constipation, an improvement in the appetite of the child, with continuing faulty nutrition, and in these cases relapses are very common and apt to occur at any time. Eventually these are transformed into a condition of chronic intestinal catarrh with tabes, but this condition may also develop directly from a case of acute diarrhea, without any intervening relapses.

PROGNOSIS.—Favorable if checked within three or four days, but if allowed to run for a longer period the case is very apt to become transformed into the chronic form. A guarded prognosis is by far the safest.

CHRONIC INTESTINAL CATARRH.

SYNONYMS.—Enteritis follicularis; chronic diarrhea; summer complaint; atrophia lactantium; entero-colitis.

SYMPTOMS.—An acute diarrhea or an attack of cholera infantum, ending neither in death nor cure, leaves the physical condition of the body in an extremely unsettled or disturbed condition, the discharges remaining persistently thin, acrid and gradually taking on typical penetrating odor of decomposition. There is excoriation of the anus, thighs and buttocks, from the constant irritating discharges, and there is marked distension of the abdomen. In these cases we meet exceedingly high temperature, and the case is characterized by excessive thirst. Moderate drinking of water is agreeable, but in many instances it will be found that the excessive use of water is productive of emesis. Some of these cases are marked by excellent appetite, and at times abnormal. In spite of the wolfish appetite, the child undergoes rapid atrophy, until it resembles a walking skeleton, with an abnormally tympanitic belly. During this general atrophy the brain also participates, the bones of the skull overlap each other, *i. e.*, the parietals override the occipital and frontal.

PATHOLOGICAL ANATOMY.—There is infiltration of the submucous cellular tissue of the entire colon, and a portion of the small intestine, the superficial surfaces of which show indications of an acute catarrh in the loss of its cylindrical epithelium with an abundant secretion of mucus. Many of the solitary glands and Peyer's patches are swollen, infiltrated and have degenerated into ulcers. The glands of the mesentery show as enlarged, infiltrated patches, red-grayish-white, and the lacteals are injected, with chyle stains.

PROGNOSIS.—Always serious; generally fatal. Apparent cessation of the diarrhea, is not to be considered as always hopeful.

CATARRHUS GASTRO-INTESTINALIS ACUTUS.

SYNONYMS.—Cholera infantum, epidemic cholera, acuter magendarmcatarrh; entero-colitis choleriforme.

ETIOLOGY.—Faulty nutrition of the child, especially apt to occur in summer from sour milk, the keeping of milk in unclean vessels, bad, improper fodder for cows, abnormal irritation due to improper food, fermentation in the intestine, emotional excitement. Vaughn gives it as his opinion that all cases are due to tyrotoxicon, a poisonous alkaloid which is formed during the decomposition of milk. Brush believes that the underlying factor is a toxic substance produced in cow's milk by overheating; while Brunton states that it is the toxic alkaloids produced from the decomposition of lact-albumin that produce the diarrhea.

SYMPTOMS.—In a number of these cases a close history will elicit the information that for several days the food (cow's milk) has been vomited at times, after a period of restlessness extending over several days, or there may be a sudden onset with only a slight alteration in the stools, which are passed rapidly, and contain either undigested curdled milk or consist of frothy masses of a strongly acidulous and penetrating odor.

After this condition has lasted for hours, there generally occur suddenly, yellowish-greenish, watery stools, having a stale, sour smell, and numbering from 10 to 30 per

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day. At first "rice-watery" and very profuse, running through the "napkins" and often the bed clothing; later they become tinged with blood, and vomiting of all food ingested occurs. As the supply of body fluids becomes exhausted, by these excessive stools a condition of serious hemorrhage occurs causing circulatory disturbances everywhere in the body. The pulse becomes weak, rapid and irregular, the skin is cold and clammy, and the amount of urine is decreased. The face is senile, eyes sunken, cheek bones prominent, the great fontanelle sinks in, and the cranial bones overlap each other. In rare cases there now occurs a reactive fever, with cure or transformation into chronic gastro-intestinal catarrh. In typical cases, however, death generally occurs in from five to six days with symptoms of spurious hydrocephalus, characterized by moaning, restlessness, dilated and immobile pupils, convulsions, dyspnea from anemia of the medulla, and marantic thrombosis of the cerebral sinuses.

Epidemic Colitis.

An acute inflammation of the mucous membrane of the colon, possibly diphtheretic in nature, and often epidemic at the same time with diphtheria, or intermittent fever.

Etiology.—Occurs generally after an exceedingly hot summer, in tropical localities, but is rare in children under one year of age; after the first year and until the fifth year it is very frequent.

Symptoms.—After an incubation period of a week to ten days there may or may not occur a chill, followed by a diarrhea, which increase in number with great rapidity, often being as high as fifty in a day, and are accompanied with great tenesmus, straining at stool and rumbling of gas, tingling of the limbs and cramps in the intestines. The stool at first contains small masses of fecal matter, but later on become glairy, and consist of pure mucus—the white of egg passage. In some cases they are colored red from colonic hemorrhages, this being the true bloody dysentery. When diphtheritic destruction of the mucous membrane occurs, the stools take on an odor of decomposition or putrefaction, and are mixed with shreds of mucous membrane. In the beginning there is either no increase in the temperature, or very little rise is noted, and in severe cases there is always a drop in temperature. In the presence of ulceration the temperature always rises, and may be attended with delirium and convulsions.

In the foregoing no attempt has been made to go into the details of these diseases of the summer months, occurring in children, but only to give an outline of their causative factors, for upon this depends the success of the treatment.

In the next of these papers we will take up for consideration the general treatment, and also the remedies which have proven their worth in combating these conditions met with in these little patients.

622 W. 71st St., Chicago, Ill.

(To be continued.)

[In the above article, Dr. Redfield presents an excellent idea of the etiology, symptoms and complications of these summer diseases of children. This article will be followed by several others on the same subject, in which the author proposes to take up separately the especial remedies for the treatment of these conditions.—Ed.]

TO YOUNG DOCTORS.

By D. L. Field, M.D.

Don't get the idea into your head that a patient's stomach is a chemical laboratory. Don't think that the sick must be plied with lots of medicine, and that the drug store can be transferred to the sick-room. Learn to withhold medicine unless there is a positive indication for it. Do not forget the restorative power of nature. Rest, diet, quiet, cleanliness and good nursing, with a mere placebo, will work wonders. The coming years will more and more abridge medication as curative, but the preventive therapy will become more and more practical. The saying, "an ounce of prevention is worth a pound of cure," is absolutely true.

If you do use much medicine, don't multiply prescriptions. I was in a house not

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many years ago where there had been a case of typhoid fever, and the mother of the sick man showed me a mantlepiece covered with partially-emptied bottles, powder boxes, and boxes of capsules. Some of the contents of these receptacles had hardly been disturbed. She told me her bill for prescriptions had amounted to over $60. That was criminal vacillation and cruel extravagance in cost to the patient.

The importance of definiteness in treatment, and perseverance in that definiteness, is due the sick, and will give good results, which will rebound to the credit of the physician. While changes may have to be made to meet indications as they arise, yet steadiness must be the aim. Young doctors are prone to place too much reliance in the efficacy of drugs, and are "blown about by every wind of doctrine," so to speak. They are too much given to the employment of every new "remedy" that may be brought out. They are the chief reliance of proprietories. Experience has taught me there is nothing that can take the place of the time-tried effective medicinal agents of the pharmacopeia. Let our young friends qualify themselves to write eligible, compatible and effective prescriptions from their own acquaintance with the materia medica. Do not scatter with a blunderbus, but make a rifle shot at the seat of disease. Do not have too many ingredients in your prescriptions. Learn to simplify your treatment. I knew a doctor who put so many ingredients into his prescriptions that Galen could not have guessed what he was aiming at. I doubt if he knew himself. At all events he could not have failed to hit something, but what he hit I have no idea. For goodness' sake, do not imagine you know a specific for any malady. There is no such thing. A physician, at best, only assists nature to right herself, and time, and but little medicine, will generally do the business.

After forty-five years' practice, I have capped off, trimmed and concentrated my medicinal agents to a comparatively small number.

Jeffersonville, Ind.

In using methylene blue do not confound it with methyl blue.

THE FLY.

By J. A. DeArmand, M.D.

In our childhood days we were taught that every animal was made for a purpose, and therefore it was wicked and cruel to kill any animal just for the sake of removing it from the things that were alive. Like as not it was a childish fancy, but the application of the lesson was not half bad, and even though it may have grown to be *passe*, there is much to admire in the homely advice. Those people who reason that it is wise to destroy those things within easy reach whose usefulness in the economy of nature is not understood are not all rated as "our best people." They are the ones who admire the spider because he spins his web and then goes to sleep, with one eye open, and waits until the bold fly wanders into the net. They are the same who later on put the same spider out of business because perchance his bite may prove poisonous. So maybe it is a childish fancy, but it seems to be almost reasonable that there are no happenchances in nature and that nothing is without reason.

The fly has in later years got in bad with scientists, as it always had with bald-headed men and cleanly housewives. The fly has a bill of particulars filed against it which make instant death seem the shortest way out of its trial. At that it seems only fair that somebody speak a good word for the fly, even though it be more out of apparent justice than deep sympathy.

In our climate, with its moist atmosphere, dead animals of all kinds travel the decay road slowly. The result is that foul odors pollute the atmosphere round about for from hours to days and weeks. The odors are such that when undiluted by plenty of air they are noxious and even deadly poisonous. If the animal condemned to slow decay be large it is hardly possible to compute the extent of air pollution, nor is it possible to compute the remote effect of that pollution upon the influence of it upon the unseen but known microscopic disease or disease-bearing germs. We pour into our rivers filth of unnamable kinds and unbelievable quantity, and then blindly hug

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to our minds the feeble delusion that the natural law by which water in motion tends to purify itself will protect us from the scourge and pestilence. It is a clear case of "out of sight, out of mind." Science is crying from every housetop that the ostrich is not the only bird that is covering its head with sand and imagining that safety is certain.

But to return to the fly. What is its mission? Assume for the sake of argument that flies differ principally in the degree of nuisances the different species perfect themselves in so far as their association concerns human beings. It must not be denied that old mother nature sends out a call when decay is imminent, and this call is never disobeyed. An army of flies flock to the scene of action, and between mussing around and planting eggs to guarantee the enlargement of numbers the busy bee has nothing on the fly brigade. The outcome of all this activity is that the period of atmospheric pollution is wonderfully shortened, and thus we are justified in assuming that less damage is done. Then the fly will receive his passports only when his day of usefulness and need has gone by. That he may carry a variety of forms of danger on his filthy feet is warning enough for his exclusion from good society, but the way to get rid of his kind is to clean up so his occupation will be gone. That means $25 and costs for the man whose prowess encompasses the catching of a large luscious rat and then in a display of valor slings the same in the street to furnish a breeding place for millions and millions of flies. Other means will suggest themselves to the reader.

The point aimed at is that the "swat-the-fly" slogan is all right, but it is beginning at the wrong end of the case. Swat the cause of the fly's existence, and you reduce the labor of swatting.

In many cities our public schools are employing medical men to not only single out the physical defects that so often mark the line between brightness and stupidity, and point the way to correct the latter before it is everlastingly too late, to seek out and correct the dullness of hearing or sight which so often act as insurmountable barriers to successful schooling, and in short to give all the scholars a chance. The work of these medical scouts also is made to extend to the examination of nose and throat. When cases of diphtheria are found in appreciable numbers cultures taken from the throats of many children show that they are carriers of the germs of that disease, although they may not then show any of the physical indications of the disease. In other words, they are Spartan boys with foxes buttoned up inside their coats. They are carriers of poison that may enter their own systems or may be conveyed to other children. Why certain seasons of the year, or whether it is that certain poisons pollute the atmosphere under unknown and unrecognized situations time and discovery will tell, but it is safe to assume that there is some definite relation of cause and effect acting by which germs of particular kind are born and fostered.

To all this likelihood there can be no definite answer. Time and study will solve it as it has the problem of making diphtheria, once the most dreaded of children's diseases, now the easiest to cure. Of one fact we can be sure, and that is that in the great work of making people healthier, and therefore happier, there never yet has been sounded the alarm that people were too cleanly or giving too much time and attention to making our houses, villages, cities and country too clean.

Davenport, Iowa.

A GREAT HEALER.

By W. T. Marrs, M.D.

We are always disposed to laugh at the blatant quack and his preposterous claims, and wonder why such a large element of gullible public is taken in by them. There is a popular song about our frivolous and off-color acts and how we do them "over and over again." The people who patronize quacks never get cured of the habit, and it seems are always looking around to be taken in afresh. There are many, however, who will not succumb to the wooings of the medicine man on a humble plane, but are always beckoned by the healer who employs bizarre and picturesque methods.

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Of the latter type of individual this little description relates.

At St. Elmo, Ill., a town of two or three thousand inhabitants, a noted healer has been holding forth for two or three years. He has augmented the business of the town in every way, especially its hotels, stores and restaurants. A friend who sells notions and novelty goods writes me that his business has also been helped. I understand that Mattoon, a town twenty or thirty miles from St. Elmo, offered the healer a big bonus to locate there, but the professor had no desire to move. In fact, he had more business than he could take care of already. He rented the largest hotel in the town for an office, and it is said that there are constantly in the village several hundred strangers who are courting health.

It is necessary for a new patient to register several weeks ahead in order to get an audience with this healer, so great is his volume of business. Whether this advance registering is a trick of the business and a trade-getter, I don't know. That he has patients(?) from coast to coast no one can deny. He has been written up in the daily prints, and like all such individuals who gain recognition, his advertising goes on by its own momentum.

Last week a press report heralded the fact that John D. Rockefeller, he of Standard Oil, and incidentally a bum stomach and no hair, in disguise consulted this man. A reporter called on the healer's secretary, who would neither confirm nor deny the report.

Several of my acquaintances and one relative have consulted the great healer, but they have little to say about it. Cases of hopeless chronicity seem to be discreetly passed up by the professor. How or from what source he gets his ability to differentiate cases I don't know. It may be fool, blundering guess-work. Again, the man may possess a deep intuition or psychic power from which he draws. I would rather be inclined to think his success due to his monumental and never-flagging nerve. Then seeing and handling so many people daily ought to give him a vast amount of experience in the matter of accepting and rejecting patients.

So far as I can learn, the line of treatment is practically nothing, or on the whole that of increasing the patient's subjective faith. I do not think he employs hypnotism, *per se*. The glamour of making the trip and waiting around for days or weeks arouses an attitude of hopeful expectancy. Before the man gained such a wide reputation he was known in his community as a humble "faith doctor."

Not having seen this man myself, I must rely on the descriptions of those who have consulted him, as well as newspaper reports, to hazard a few words about his personality. He is said to be anything but attractive or magnetic in appearance, and his features suggest nothing but mediocrity, or something less. It is said that no one hunting for a healer would be likely to ever accost this gentleman. He does not even affect any little thing in the way of dress to distinguish him from common mortals.

This is a very simple little report of a case that is by no means isolated. There are lots of others in the game, but they do not all "get away with it" as this fellow has and does. In the March *Medical World* I read some doctor's report of a case in Wisconsin very similar to this one. These healers have their day, and then pass from the "earth earthy." Do you recall Welterism? He simply tore up the earth in a Missouri town and had so much mail-order trade that the government could hardly increase its postal facilities fast enough to handle his voluminous business. His personal business was quite large, too. And, by the way, where is Weltmer to-day?

I believe just as you do, that these men are gigantic frauds, who are for some inexplicable why or wherefore temporarily smiled upon by kindly fates. Their finish is never far off. At the same time, I believe there *is* a psychic power possessed by some individuals and not by others. It is a talent that is as yet latent, unenergized and undeveloped. In the future we will work out a few things that are now hidden and occult, and the great achievements of the next few decades will be that of charting unknown and unexplored seas of the brain.

Peoria, Ill.

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Medical Gleanings

Under this head we endeavor to present a Condensed Summary of Practical Medicine, drawn from the best and most reliable sources, thus saving our readers much labor in winnowing out from the chaff, medical grains of real value.

POSTNASAL CATARRH IN CHILDREN.

Dr. Eustace Smith advises the following treatment in the acute stage: Paint throat several times daily with boroglyceride, or, in older children, spray with a ¼ grain to the ounce solution of tartrated antimony while patient inspires deeply. Later, add an equal amount of glycerite of tannin to the boroglyceride. Where painting throat resisted, instil into nostril several times daily, while child lies back with head on pillow, a solution of 5 to 10 grains of resorcin to the ounce of saline solution, 10 grains of boric acid to the ounce of water, or 15 grains of sodium bicarbonate to the ounce. As redness of pharynx fades, apply pure glycerite of tannin or a paint of 12 grains of iodine and 15 grains of potassium iodide to the ounce of glycerin, with 5 drops of oil of cinnamon or peppermint. After all redness is gone, use an astringent iron paint of 1 dram of the stronger iron perchloride to an ounce of glycerin.

For anorexia: an iron tonic; stay in the country or at the seaside. Keep child well protected from cold for some time after.—*Monthly Cyclopedia and Medical Bulletin.*

AN ANALGESIC.

Dr. C. E. Buck, in *Jour. Ther. and Dietetics,* says that for an all-round analgesic that is safe and reasonably certain in its results, there is no combination or remedies better than the following:

℞ Acetanilid,
Salol .....āā gr. v.
Citrate caffein.....gr. ij.
M. Fiat pulv. No. 11.

As many of these powders as are needed may be given, and they can be administered every two or three hours with safety.

A MEANS OF EMPTYING THE BLADDER.

Dr. Edward Anderson says: "The fact that the bladder, when partially paralyzed from parturition, or any other cause, can always be made to empty itself perfectly by throwing a large amount of very warm water into the bowel, thereby doing away with the necessity of using a catheter—a most important consideration, particularly when the patient lives at a distance from the doctor. After difficult and protracted labors I have been obliged to use the catheter every day for weeks at a time, which was annoying to the patient and inconvenient to myself. Since using the above recommended plan I have had no trouble in this direction, the bowel and the bladder emptying themselves at the same time."—*Charlotte Med. Journal.*

A FEW POINTERS ON THE TREATMENT OF FLATULENCE.

Nux vomica is one of the most useful remedies for flatulence, and it may be given in tincture, or in pill with a quarter of a grain of capsicum and a couple of grains of compound rhubarb pill. Bismuth is of use in many instances, with an alkali such as bicarbonate of sodium, and columbo or other bitter infusion. Salicin is not used so much as we believe it might be, and given in five or ten grain doses in water before meals is often very helpful. Pepsin seems distinctly indicated, but it is often disappointing, and at the best it must be looked upon more as a palliative than anything else. Pancreatin, too, does not give the relief in all cases that we should expect from it. Salicylate of sodium with liquor pepticus, nux vomica, and spirits of chloroform seems useful in a certain num-

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ber of cases. Extract of malt given with or just after meals helps in those cases in which the digestion of starchy foods is obviously difficult. A few drops of dilute hydrochloric acid in water shortly after meals is often decidedly beneficial.—*Burnet, in London Practitioner.*

GINGIVITIS IN DISEASES OF METABOLISM.

Dr. Croftan, in his thoughtful paper on the gingival manifestations of certain disoders of metabolism, refers particularly to the gingivitis that accompanies Bright's disease, diabetes, non-diabetic acidosis, and the "uric acid diathesis." In diabetic cases the following formulæ are found useful:

(1) For bleeding and painful gums—Tr. opii, 20 parts; chlorate of potash and bicarbonate of soda, of each 10 parts; decoction of marsh mallow, 1,000 parts. Make a mouth-wash, to be used from time to time.

(2) For excessive fetor—Beta-naphthol, one part; sodi, biborate, 100 parts; Aq. menth. pip. sodi, biborate, 100 parts; Aq. to 5,000 parts. Make a mouth-wash for frequent use.—*American Medicine.*

FOR TROUBLESOME BLEEDING OF THE NOSE.

A convenient way to make the pressure to stop troublesome bleeding from the nose is pointed out by Dr. Smith, in *American Journal of Clinical Medicine,* as follows: Take a condom, put it over the distal end of a medium-sized soft-rubber catheter and tie it to the catheter just the length of the nasal fossæ, so it will not swell out at either naris. Wet the condom and push it into the affected nostril and inflate by blowing through the catheter; then clamp the catheter. The condom is so thin that it fits into all the cavities and controls the bleeding. When you wish to remove it, take off the clamp, which lets the air out, and it can be withdrawn without causing irritation. This is easier and better than packing.

Constipation, worms, or fissure of anus may cause involuntary urination.

ADENOIDS AND THEIR EFFECT ON THE GENERAL SYSTEM.

Dr. G. B. Taylor, of Cameron, Texas, mentions as the principal results of adenoids in school children, deafness, with its accompanying mutism in children who become deaf early in life, inability on the part of the children to apply themselves, causing truancy, mischievousness, stupidity, instability of character, derangements of digestion, headaches, lowering of the general health, and eye trouble.—*Medical Record.*

IRIS VERSICOLOR.

When patients come to me complaining of a constant pain in the small of the back, I usually give them green plant iris, green plant bryonia, and green plant apocynum, and the good result is practically sure. The dose of the iris I use is from one-half to five minims, and I usually use about 15 to 25 drops in a four-ounce mixture. In these small doses it should be given at short intervals, every hour, or two hours. —*Dr. Wm. M. Gregory in Therapeutic Record.*

SANE SANITATION.

The sane sanitation whish has converted the Panama zone from the plague spot of the New World into an ideal health resort is probably the most brilliant example, and the Spanish-American war with its wonderful lessons of heroism and unselfish scientific devotion by surgeons who laid the curb of prevention upon the scourge of yellow fever is one of the epochs of the world's history.—*Dr. Bogert, in "Red Back."*

For Burns.—The old carron oil is an excellent application for most types of burns. The excoriated surface should first be cleansed with a warm boracic acid solution. The injury may be followed up with this application:

Alcohol	℥j.
Picric acid	℥iij.
Distilled water	℥ij.

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Notes and Queries

For this Department we cordially invite Questions, Comments and Criticisms on all Topics of Interest to the Physician in his daily work for relief of the sick, thus making the Summary a valuable medium of communication between the medical profession.

Correspondents will give their names and addresses, but initials will only be printed when desired.

The queries in this issue await the Answers which our intelligent readers may be pleased to contribute for publication in our next.

"BENEFITS AND EVILS OF HEALTH FADS"—REPLY.

Editor Medical Summary:

Every advance in medicine is considered a fad until by general adoption it becomes a fact. Oliver Wendell Holmes' view of the infectiousness of puerperal fever was only a fad in the beginning. Lister's antiseptic method was looked upon as a fad by his hard-headed colleagues. The bacterial vaccines are still referred to as a fad by those who have not yet used them.

The interesting article in March SUMMARY by Dr. Ernest F. Robinson deals very fairly with the subject, "The Benefits and Evils of Health Fads." One point Dr. Robinson makes, however, lacks clearness. In speaking of the open-air fad, he says: "As a treatment for tuberculosis there is no longer any doubt of its value, but as a fad it is becoming a serious question whether it does more good than harm. . . . . It is folly to place a weak consumptive in danger of the more fatal disease (pneumonia), in the mere hope of curing the less fatal (consumptive)."

From this it appears that Dr. Robinson harbors the fancy that pneumonia may be caused by breathing cold air, or by exposure to the wind, perhaps. Laboring under that impression, what are we to think of the "fad" whereby progressive therapeutists are treating their pneumonia cases on porches and in tents in the severest winter weather? The conviction that forces itself on one who has had the opportunity to employ the open-air treatment for pneumonia is that the "fad" is little less than a God-send for many patients who would otherwise be very bad risks indeed.

This brings us back to the old sore. Is pneumonia an effect of weather, dampness, draughts, or *infection?* And, for that matter, is coryza, bronchitis, et al., something we merely get, or something we *catch?* In fancy we "catch cold," but to alliterate, in fact we catch coryza—with the accent on the *catch.*

WM. BRADY, M.D.

1008 Lake St., Elmira, N. Y.

DERMATITIS: THE RESULT OF THE IRRITATING EFFECTS OF COLD.

Editor Medical Summary:

As quickly as possible the patient, being handled gently, is placed in a water bath, as hot as can be comfortably borne by the hand, when it is whirled about in it, and as soon as the cold has been abstracted the patient is removed and placed within warmed blankets.

Afterward any parts that may have been deeply penetrated by the cold which are affected with inflammation, the application recommended in the annexed formula is freely applied, and if it does not relieve the inflamed parts within 24 hours, a well-made linseed meal poultice as hot as can be borne should be applied, and upon its surface and the surface of the part to which it is to be applied a thick coat of the ointment should also be applied. The poultice need only be changed three times daily, and it should not be continued longer than 24 or 48 hours, then it should be removed and the parts gently cleansed; and in case of the feet a loose-fitting pair of shoes should be worn for the balance of the winter. If the dermatitis should threaten to return a single application of the ointment will generally, in young or middle-aged people, be sufficient; in old or very much debilitated sub-

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jects, more applications and longer care will be required.

In subjects of enfeebled constitutions and in old people, they need not be out of the house to be seriously affected by cold, especially in the feet, particularly if shoes that are at all close-fitting are worn.

The following prescription is another instance of the value of a judicious combination of remedial agents, either of which if employed separately—the vaseline and simple cerate excepted—would cause intense and injurious irritation if applied to sensitive or open surfaces, but in combination can be applied to such surfaces for any time with nothing but good resulting. The formula's usefulness may be extended generally to suitable cases of "Dermatitis Calorica." It is claimed that the treatment is effective in preventing "Dermatitis Gangrænosa."

Formula for dermatitis, the result of the irritating effects of cold:

℞ Acid carbolici (Calvert's liquid, pure).....3v.
Tinct. iodine .....3v.
Acid tannici .....3v.
Camphor pulv. .....3iiss.
Cerat. simplicis .....℥v.
Vaseline .....℥v.
Methyl. salicylat. .....3ss.

M. ft. Ung. Sig.—Apply as often as required, and combine with a linseed meal poultice as hot as can be borne, when necessary, for a short time only, for frosted feet, chilblains, bunions, etc. Use as often as necessary, if the affected area can stand friction, in dermatitis from frost bite, the more thoroughly it is massaged into the parts the better; in other forms no friction should be employed.

In burns, sunburns, or scalds, with open surfaces comprising one-half of the body, perhaps, an injurious amount of the carbolic acid and iodine might be absorbed; however, the author has experienced no bad effects whatever from its use when applied to extensive areas; the iodine and tannin apparently antagonize, together with the ointment bases, the toxic effect of the carbolic acid, and *vice versa*, while the germicidal power of either are not sensibly diminished, the local anesthetic actions are increased or retained to an effective degree.

The entire human, and in fact any organic or inorganic system, as well as all concrete, gaseous and ethereal matter, is a conglomeration—wisely blended, wastefully often, or insufficiently, and without a definite object apparent, at times—of atoms, elements, chemical compounds, and natural combinations which utterly baffles scientific investigation, analysis, and synthesis; in a reasonable and intelligent formula, based upon successful experimentation, whether from the agricultural or the medical standpoint of research, the effort is made, poor often though it may be, to imitate nature.

R. L. HAMMOND, M.D.
Woodsboro, Md.

ETHICS.

Editor Medical Summary:

There are doctors who believe in ethical treatment for themselves, but treat their medical brethren very unethically. There are "Ishmaelitish" doctors who have no more respect for the code of ethics than Satan has for the Decalogue. It is a lovely thing to be truly ethical. However, in this selfish, grasping, money-getting age, it seems to be every man for himself, and in the crowded ranks of the profession it seems impossible to prevent one doctor from stealing another doctor's patients. If one is called to see some one sick in a family in which he knows another doctor is their family physician, and during said doctor's temporary absence, that usurping doctor would hold on like a bulldog. He will be sure not to say, "I will do what I can until your family physician comes," but will throw out his greedy tentacles and hold fast to them.

I have always tried to be strictly ethical and fraternal in my conduct toward my professional brethren, and have never consented to succeed any man in a case before notice was given that a change was determined upon.

I do not boast, but I will give an example. One Friday morning an old gentleman came into my office, saying that his family physician was absent from the city, and he wanted me to see his son who was sick. I said I would attend him until his

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family physician returned. The following Tuesday morning, while I was at the bedside of the patient, the door-bell rang, and I heard the doctor say to mother: "Who's sick here?" "Walter is very sick with typhoid fever, and Dr. Field is here now." "Well, that's just my luck. I never leave home but some of my families get sick." I heard what he said and immediately called to him to come into the sick-room. I then said: "Doctor, I took charge of this case with the distinct understanding that I was to turn it over to you on your return home." I told him what I was giving, and left him in charge of the case. He thanked me for my kindness.

D. L. FIELD, M.D.

Jeffersonville, Ind.

TYPHOID FEVER.

Editor Medical Summary:

The surgeons at Camp Sam Houston, San Antonio, Texas, have apparently proven the efficacy of antityphoid serum as a preventive of enteric fever. Of several thousand Federal soldiers who were inoculated with the serum only a remarkably small percentage subsequently took fever, and that in a light form.

We, who occupy the country places, have not yet ventured upon the serum treatment, but have fine success with the following line of treatment: Given a case of fever, nonintermittent, with daily exacerbations, being higher of evenings, brown-coated tongue, sordes beginning to accumulate on the teeth, general malaise, indisposition to eat—such a patient is immediately put under rule. He is given small but repeated doses of calomel and perhaps euonymin, followed in a few hours with a saline. After which he is put on the sulphocarbolates of sodium and calcium, five or six grains of each every two hours. Food is withheld for a few days, but he is encouraged to drink freely of water. The fever is controlled mainly by the use of water, hot and cold. Cold to the head and tepid sponge baths. Normal salt solution is given by enema regularly once a day. If there should be diarrhea, the zinc salt should be added to the sodium and calcium, forming the triple carbolates, while the daily enema should have half a dram of the zinc salt to substitute the chloride of sodium. Of course, every case will need some auxiliary treatment, but the above line of procedure comprises the prime essentials in the management of enteric fever. It will cure and not be long in doing it. Convalescence is usually established in from ten days to two weeks. The only cases which run a longer course are such as come late under the physician's care.

Three things need to be emphasized:

1. The liberal use of water, internally, externally and eternally.

2. Feed only liquid diet, fruit juices, egg albumen with orange juice in it, milk and lime water, at long intervals, followed by a mouth disinfectant, soups, beef juices, and such like.

3. Judicious medication as above to eliminate the poisonous ptomains from the system *"tuto, cito et jucunde."*

JOHN FREEMAN NEAL, M.D.

Lytle, Texas.

MASTITIS.

Editor Medical Summary:

Seeing in October, 1911, SUMMARY, that "Hops stewed in lard, applied as a poultice, often cures gathered breasts," reminds me that for 35 years in a considerable practice I never had a case of mastitis go on to pus formation. When there was inflammation I prescribed a liniment as follows:

℞ Tr. opii,
Tr. belladonna .....āā ℥ss.
Spts. camphor,
Tr. phytolacca,
Tr. arnica .....āā ℥j.
M. Sig.—Apply once a day.

I did not trust anyone, but made the application myself. For 15 or 20 minutes I rubbed it over and over the breast until ¾ or one ounce of the liniment was used. Thoroughness is essential, and the doctor who will not be will fail to cure. Then I made a cap of cotton, hollowing it out with my fingers so that it was thicker around the edge, and placed it over the breast, then applied a bandage, splitting one end so as to straddle the other breast and pin-

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ned along the back, drawing it so tight that the woman would say she could hardly breathe. The breast is usually not so tender padded as it is to disallow. Secretion is arrested, the blood is drawn out and the inflammation subsides in three or four days, scarcely longer.

When I hear of a woman having a gathered breast, the thought arises, her doctor was a failure.

Calcium sulphide is a good internal remedy given rapidly to saturation. The secretion can be restored by the baby pulling at it several times a day.

I am retired, but every physician of fair ability has learned something not in the books. Will try to give a leaf of my experience occasionally, if acceptable.

G. H. HARMAN, M.D.

Lancaster, Ohio.

THE TONGUE.

Editor Medical Summary:

You may suspect I am going to speak of the pathologic state of the above-named member, but not so. It is of its unruly character that I am going to write about. Because there are so many loquatious doctors, I think they should be mentioned. I knew a doctor, now gone to his grave, who was so non-committal about his patients that even his wife was not intrusted with a diagnosis of any of his sick clients, and as for the public, he imparted no information to them. He evaded any answer which would commit him to either diagnosis or prognosis of a case. To the relatives of the sick, however, he was not so close-mouthed. He did not hunt up newspaper reporters and tell them of his sick patients, or magnify his own importance and skill. It is unprofessional.

The physicians of our city have all signed a paper requesting the reporters of the newspapers to withhold the name of any physician in connection with mention of any case of illness.

There are cautious, discreet, flippant, slandering, gossiping tongues; and some doctors, like other mortals, have one of these tongues. I have known doctors who talked too much, and their tongues cost them professional business. Some are addicted to talking too much in the sick room. They will tell of how many patients they have, and what ails every one of them. Such a habit is both indiscreet and in bad taste, if not offensive. A doctor should be dignified, but not unamiable. Attend strictly to the case in hand, and pleasantly minister to such case, but say no more than is necessary. Above all things, mention no case you are attending, unless it is absolutely required as a matter of pure civility to some questioner in the sick room of the case in hand.

One of the most disgusting things a doctor can do is to boast of the remarkable cures he has made. Therefore, tonguey doctors are objectionable not only to the intelligent laity, but more so, if possible, to the medical fraternity. They talk so much that they mortify their professional brethren.

D. L. FIELD, M.D.

Jeffersonville, Ind.

TYPHOID FEVER—REPLY.

Editor Medical Summary:

I have read with interest the article on typhoid fever by Dr. D. W. Reed, page 38, April SUMMARY, and in a practice of thirty years, in a country where some part of the year this disease became epidemic, my experience with the disease might be interesting, for I never lost a case of typhoid or of pneumonia when I was called in early in the beginning.

This fever, as we all know, is due to the bacillus of Eberth, which can be found in any of the fluids of the body during the attack, and the source of the contamination and infection is in eatables or drinks.

I do not care to enter any further into the etiology of the disease. I only intend to show wherein Dr. Reed and myself differ as to the treatment, for my experience has probably been more extensive than his, and a double graduate of medicine, yet, I admit we do not learn all in medical colleges, but, as he says, "let in the light."

I heartily agree with the Doctor, that we must first clean out the alimentary canal, or, it might be properly called, the "sewer" of the body, and I also agree with him that

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there is nothing better than calomel and soda in small doses, followed with a saline, and follow the saline with a small dose of castor oil with three or four drops of turpentine. The oil and turpentine, however, are not so much for getting an action on the bowels as an antiseptic dressing on the gut. We here use the oil as a vehicle to carry the turpentine through, not caring whether it moves the bowels or not. This we repeat in 26 or 48 hours for the same purpose, for by this treatment we neutralize the gasses, stimulate the entire canal, and as the disease advances to the stage of ulceration we must be more persistent in looking after this stage of the disease, for it is well known, we must keep these ulcers clean as possible and prevent formation of gases and stimulate resolution, which, as every one knows, turpentine is a good heart, intestinal, and kidney stimulant, a very good remedy to help clean the tongue, and one of our sheet anchors for hemorrhage, and in my estimation, nothing will take its place. This is all I care to say about the intestinal treatment of the disease. Of course we have other antiseptics, such as salol and that class of remedies; but all resort to some of them, and in uncomplicated attacks we will be able to turn them over to the intelligent nurse, with instructions,. in 21 days.

Now, as to the thermic treatment of the disease. This part I do not altogether agree with Dr. Reed, more especially in the method than in the drugs used. Hydrotherapy is one of the essentials in this disease to keep the fever under control, not to keep it down, for it cannot be done with safety. In my experience of 30 years I have yet the first time to resort to the—I came near saying "heroic method"—to reduce the temperature by putting my patient in a cold bath or the wet sheet. It is not so much the temperature of the water, as the evaporation of it applied to the skin. We can apply tepid water to the hot, dry skin, after uncovering the patient, and nothing better than to take our hand, dip it into the tepid water, sponge the body over and over, keeping watch of the temperature, as evaporation goes on, which it does very rapidly during high fever, and you will be surprised how fast you can bring it down, but let us be careful now, for we may keep this up a little too long, and get the temperature down to uormal when our weak patient will have a chill before we are aware of it. Let the temperature be at or a fraction above 100, and we can be much safer than to keep up our pyretic hydrotherapy treatment till it gets at or below a hundred, but if we find it below a hundred begin on your stimulant, to hold it up, for as is well known, any little shock or draught of air might throw our patient into a chill, then our object would be defeated. Of course, we use pyretics as well as antipyretics and intestinal antiseptics, but I was only wanting to show Dr. Reed my method of the hydrotherapy treatment. Hope others may give their most successful treatment for this formidable disease, for we should be willing to give our experience with the most successful treatment.

In some future issue of The SUMMARY, if desired, I will give my treatment of pneumonia.

From every issue of The SUMMARY we get more value than the year's subscription price.

Many times I have gotten more from that single page of "Summary Gleanings" than out of a journal four times the size of The SUMMARY. May it live long and prosper.

C. C. COOPER, M.D.

Rolla, Mo.

A PECULIAR SKIN TROUBLE,—QUERY.

Editor Medical Summary:

For the last six or eight years, or longer, this part of the country has a peculiar form of skin disease. I know of cases in New York, Baltimore, and other cities, so I suppose it was universal. It did not seem to bother much in day-time, but about 2 A. M. the person affected would begin to itch, and it would be scratch and scratch, and no sleep for the balance of the night; at first no eruption, but after scratching a while a pimple would show, and the person would scratch until the parts would become raw. It had no special location on which to start, and was contagious, especially when persons would sleep together. No season of the year did it favor. If the patient could resist the desire to scratch, then no eruption would appear. It affected all parts

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of body and limbs, and sometimes would only affect a smaller area, and again would attack the entire body and limbs. I never saw or heard of a name for it; it was not the ordinary itch, or as the soldiers used to call it, seven-year itch, and it did not affect persons the same way. The only symptom was the intolerable itching, and now mark the peculiarity: No eruption until after itching a time, and the party would scratch, and then a small pimple or induration would show, sometimes thick and sometimes very scattering.

Now as to remedies: Well, what was not used local treatment and internal, but no relief unless as I said before could the patient keep from scratching, then it would get well without any eruption or show on skin. Areenic, calomel, salicylic acid, oxide zinc, sulphur, iron, and nearly everything, even decoction of polk-root, but no relief; ½ to 1% sol. of carbolic acid would help some, but not cure. I worked and studied and inquired, but found no cure until at last I concluded to try balsam Peru, and lo, it acted like a charm. Would mix equal parts balsam Peru and liquid white vaseline and apply them to entire surface every second night until three applications are made and the disease was gone. In using the balsam I asked patients to not change underclothes until after treatment was concluded, then to take them off and burn or throw away, as the stain of the balsam would not come out.

I suppose you had some of the same disease with you. One attack did not stop another if the patient came in close contact with the disease again. To show how slight it sometimes was, I had one small lump or induration on the ball of my thumb, and I would awake in the night scratching or rubbing it, and it held on to me for full three weeks. During the day nothing could be seen, but whenever I would scratch or rub the place then this pimple-bump or induration would appear. I cured it by keeping a solution of carbolic acid always with me, and whenever it would begin to itch I would rub the place, and that would stop the itching, and it eventually got well, after using the solution of carbolic acid a week.

Now, can you or any of the M. D.'s tell me what the trouble was? If it had a name, then by all means let us know. I never heard a name for it. Wishing you success, as I do all independent journals, I am as ever fraternally,

G. A. Davis, M.D.

Summit Point, W. Va.

THE PHYSICIAN'S EXTRA-PROFESSIONAL DUTY.

Editor Medical Summary:

As medical men it becomes the tendency of many of us at times to forget that we are human beings, citizens and members of society *first,* and physicians merely as a secondary and often more or less accidental consideration. It is not strange that such should be the case, for we spend most of the day and often a good part of the night in following our profession, either at the bedside or in the office or library; but if we would be the kind of physicians that count we must not forget that to do so we must be good all-round *men,* and not merely one-sided scientists.

Let no one think that I would belittle the importance of scientific study and attention to business. These are the foundation upon which the practice of medicine in its modern sense is based, equally with the training which comes from intelligent observation at the bedside and in the consulting room; but in order to be able to fully appreciate pathological humanity we must be thoroughly familiar with it in all its normal manifestations (just as we study anatomy and histology before we take up pathology), and in order to do this we must mix freely with our fellows in all their occupations and relaxations and enter into the spirit of their lives so far as we can.

There is no profession or calling which is so vital to the welfare of the community and the country at large as to warrant a man's devoting his entire time and energy to it, to the exclusion of his duties as a man, a husband and father and a fellow-citizen.

We owe it to our respective communities and to the nation to keep ourselves sufficiently well informed upon local and national politics, not only to vote intelligently

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when occasion arises, but also to assist in the formation and direction of public opinion and the development of policies. Along certain lines, such as all sorts of health legislation (local ordinances and national laws regarding the handling of foods,, the disposal of wastes, the collection of vital statistics, etc.), the people in general look to the medical profession for guidance, and we must not fail them for lack of accurate and practical knowledge of these matters.

We owe it to our families to spend a certain part of every day unreservedly with them. We must shut our office doors firmly and resolutely upon the cares and labors of the day, and take home a smiling face to the wife and children. Our wives (let us hope) did not marry us simply to get a place to sleep, clothes to cover them and food to nourish them withal; they married us to be *companions* to us. Our children have a right to look to us to share in their education, training and recreations, as well as to their mothers, and we owe it to them, having brought them into the world, to do our part in fitting them to live in it. Many a doctor's wife becomes a heart-hungry and discouraged woman, or learns to seek her mental and spiritual satisfaction elsewhere, because her husband has neglected her. Many a doctor's child goes wrong in one way or another because the father was so absorbed in looking after the physical welfare of other people's children that he forgot to look after the mental and spiritual welfare of his own.

We owe it to our patients to keep our bodies fit and our minds alert by taking sufficient physical exercise and sleep so that we shall be, at all times, in a high state of efficiency. We owe it to ourselves to take a reasonable amount of mental and physical relaxation. The club, the lodge and general social intercourse are almost as important in promoting the physician's efficiency as are the medical and scientific societies. These latter should not, of course, be neglected for any consideration except matters of life and death. No man can grow without mental pabulum, and he who feeds his intellect entirely upon text-book fodder will find it a dry and unsatisfying diet and will soon abandon it altogether and allow himself to fossilize.

Very few physicians ever lay themselves open to the charge of direct neglect of the interests of their patients, but they do frequently fail directly to give them the best services of which they are capable, and more frequently they fail to discharge their broader and no less urgent duties as citizens. Let every physician lay aside the medicine case, the test-tube and the scalpel for a few hours, or at least minutes, every day, and for a few days every year, and devote the time to civic and domestic duties and to recreation, and the profession will go forward by leaps and bounds; it will become a power in the various communities and in the nation; the science and art of medicine will feel an irresistable rush of new life vitalizing it, and we will take our rightful place as leaders in the world's thought and activities.

GEORGE B. LAKE, M.D.

Fort Sheridan, Ill.

MEDICAL JOURNALS.

Editor Medical Summary:

Medical journals are like the whiskey in Texas: all are good, but some are better than others. Of course, the SUMMARY is a "lulu." Honestly, your journal is one among the best. The ultra-scientific "unpractical" publications are of but little account to busy practitioners. Your columns are not cumbered with such elaborate articles, but afford us pabulum for ready use; something we may use as we grope along in some case, not knowing what will be the best treatment for the case; when, lo, along comes the SUMMARY, and very often opportunely. The fogs of uncertainty and indecision are cleared away, and we can see our way out of a difficulty. You have practical contributors, men whose experience comes to our assistance, and we can rely on it. No speculative theses.

D. L. FIELD, M.D.

Jeffersonville, Ind.

Corns, bunions and callosities are benefited by painting with iodine. First soak thoroughly in hot water.

What has become of the old-fashioned folks who used to drink sassafras tea in the spring to thin their blood?

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THE MERITS OF APOMORPHINE HYPODERMICALLY APPLIED.

Editor Medical Summary:

We all pick up a few gems as we walk along the pathway of life, and as a rule we keep them, so fearful that the other fellow may increase his armament of knowledge. A few weeks ago a man came in my office and complained of migratory pains front and back, constipation, acute distressing neuralgic pains in testicles, and gave me a line of symptoms that caused so much cerebration that after my office hours I drank a cocktail to regain my equilibrium. He was given intelligent treatment, but he had added symptoms daily, worse than any hysterical neurotic female in the world, and he finally deposited himself on my nerves to such an extent that I made every endeavor to send him far away to a nervous specialist, so that I could regain my second wind and have a chance to delve deep into pathologic cases before he would return to sap my waning strength.

One day he made his appearance complaining bitterly of his rectum. The moment that I inserted my well-oiled finger in the rectum he gave a shriek that old "Sitting Bull" in his palmy blood-thirsty days would have adopted him into the tribe, simply for his yell and the terror that it would inspire to his enemies. So I decided on a plan of treatment that acted so magically that a few of my medical friends can see that this treatment bears a cure on the face of it. I injected the fortieth of a grain of apomorphine hypodermically, and every day strengthened it until I had the physiological effect, or to a point of tolerance. After running it up to the thirtieth of a grain, I used it that strength every other day. In all I used fifteen injections and effected a positive cure. If you push it slowly in strength, and notice they gape and have the cat-fish yawn, only exhibit it to a slight point of emesis, and you will have more satisfaction with this agent than any other known to me, and I have been in active practice forty-three years. What is apomorphine? Morphine deprived of its narcotic elements by the aid of hydrochloric acid; and it reverses the great sympathetic chain of nerves and takes a tuck in them. Some of you neurologists try it, and add your enthusiasm to mine. Have your patient lie down for half an hour after using it and relax. Feel your way with it. Spermatorrhea and all cases that complain of a premature discharge are relieved and satisfied and pay a good per cent. Have many cases that take the thirtieth of a grain once a week and laud the method and bring their friends that would help.

In dysmenorrhea, one or two injections a day or two before the flow will carry them through absolutely without pain. I am deeply in earnest and you will give relief and effect cures to many that have long since abandoned all hope. And in all the neurosis that baffle all medical skill and are vampires and unwelcome visitors, change their minds and reverse their nerves by using this wonderful agent intelligently. The first case cited by me had paid one hundred dollars and taken all the nostrums so freely handed out by physicians, and his cure and the prenomenal effect of the agent made me determined to pass it along. Who will be the loser if you don't?

A. V. BANES, M.D.

St. Joseph, Mo.

Aromatic spirits of ammonia is frequently a most excellent remedy in gastric and intestinal flatulence where a stimulant is needed, as in hysteria with acid eructations and sick headache.

Dr. Henschen in *Ellingwood's Therapeutist,* says: The best treatment I have found for impetigo contagiosa is to dissolve the crust in full strength peroxide of hydrogen, and then paint with full strength tincture of iodine.

For hydrocele aspirate fluid and inject 15 minims of a 1-grain-to-an-ounce solution of bichloride. In about 48 hours fluid will reaccumulate and on third day begins to be reabsorbed.

Kill the mosquito, destroy the house fly, and you have disposed of yellow fever, malaria, and much of typhoid and septic infections, except when they are communicated by direct carelessness.

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New Books

All Books reviewed in this department, will be sent postpaid by the publisher of the Summary upon receipt of the price quoted.

THE NEW STANDARD FORMULARY. By A. Emil Hiss, Ph.G., and Albert E. Ebert, Ph.M., Ph.D. 1300 pages. G. P. Engelhard & Co., Publishers, Chicago, Ill. 1912. Price, cloth, $5.00.

While The Standard Formulary was the "Standard" for years, the New Standard being nearly three times the size of the former with its wealth of up-to-date information, has become almost indispensable to the dispensers of to-day, it being precisely adapted to their needs and requirements. It is beyond any doubt the most valuable formulary for physicians and druggists ever published, comprising in fact all preparations official or included in the Pharmacopœias, Dispensaries or Formularies of the world, together with a vast collection from other sources. The parts following embracing Domestic and Veterinary Remedies, Proprietary and Synthetic Remedies, Perfumes and Toilet Articles, Soda and other beverages, and Domestic Utilities. The book is divided into six parts, and whenever possible the formulas in the different parts have been arranged in alphabetical order. A copious index is also provided.

While this book is almost indispensable to the druggist, it is also of great value to the practitioner of medicine, especially to those dispensing their own medicines. Simply as a reference book, it is worth many times its price.

MODERN URINOLOGY. A System of Urine Analysis and Diagnosis. Illustrated. By Clifford Mitchell, A.B., M.D., Professor of Chemistry, Clinical Urinology and Renal Diseases, Hahnemann Medical College, Chicago, Ill. 636 pages. Boericke & Tafel, Publishers, Philadelphia, Pa. 1912. Price, cloth, $3.00; postage, 27 cts.

This work comprises a neatly printed, handsome, large volume of more than 600 pages, and in our opinion it is one of the most clear, succinct, and practical works for the practitioner published. The book is divided into thirty-five chapters; at the beginning of each chapter is printed a synopsis of its contents, which is a feature that will be appreciated by those who may wish to test their knowledge, as this is undoubtedly preferable to a stereotyped list of quiz questions.

The author is of the opinion that the general practitioner does not examine urine as much as he would were it not for certain practical difficulties encountered in making the tests. In this work he attempts to show in plain language how to overcome these various difficulties, as well as to give the usual information afforded by numerous authorities. By the means of a series of "Laboratory Notes" running through the text, the doctor is informed of the many perplexities, difficulties and fallacies he is likely to encounter in the performance of the tests, and is advised how to overcome them.

Diagnosis by the urine has been given a comparatively large amount of space, as it was the aim of the author to provide a large fund of information on this important branch of clinical medicine.

This book is a valuable and most important addition to up-to-date literature on the subject of which it treats, and we know of none better suited for use by the general practitioner, and it would form a valuable addition to any physician's literary. It is right up-to-date.

Doctor, read the advertisement pages of The SUMMARY. In them you will always find something new in the way of elegant pharmaceutical preparations of established value and appliances all of interest to the physician. Our "Business Chance" column should be carefully scanned. Here you will find bargains in needful things from time to time.

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Summary Gleanings

Never empty a distended bladder at one sitting.

Massage of prostate is an excellent treatment for premature ejaculation.

Salol added to gonorrheal remedies increases their efficiency remarkably.

In every case of chronic constipation look for rectal ulcer, stricture, fistula or hemorrhoids.

Oil of sassafras applied full strength is excellent for chilblains. This is also good for corns.

Agaricin, ½ grain with ten minims of tinct. belladonna is also very effective in the night sweats of phthisis.

Picrotoxin in 1/60 to 1/30 grain doses is useful in the night sweats of phthisis. It should be given hypodermically at night.

A great many cases of hemorrhoids will be cured by forcible dilatation of the rectum under local anesthetic.

Iodoform gauze dipped in glycerite of tannin and used as a tampon is a valuable procedure in nosebleed.

The best and safest agents to abort a cold are aromatic spirits of ammonia and sweet spirit of niter.

The tremors of paralysis agitans can be overcome by duboisine. Small doses of specific hyosciamus may be necessary in some cases.

Never use a brittle or rough catheter.

Never open an abscess of the prostate through the rectum.

Collinsonia has proved very effective in the relief of hoarseness accompanying acute colds; in fact, probably is the most efficient remedy we have in this condition.

In flatulence, where the distention is chiefly in the bowels, salicylate of bismuth, beta naphthol, and salol, in cachet, give at least temporary relief.

Chronic constipation with enlargement of the lower third of the rectum will cause pain in the back and the sensation of dragging and fullness similar to uterine displacements.

Clamp and cautery is the best surgical method of removing piles and can be done quicker, heals quicker and is followed by less pain if care has been taken not to burn the skin.

One writer states that in inflamed conditions of the vagina and in leucorrhea he uses one-half ounce of tincture of iodine to a quart of hot water as a douche every other day. This always relieves.

In acute ptomaine poisoning from any cause, from poisoning from toadstools or mushrooms, large hypodermic doses of lobelia cover almost the entire field.—*Dr. Ellingwood.*

In circumcision, do not employ a constrictor. Slit up the foreskin and then cut around. Trim mucous membrane short so that when stitches are in it is not longer than the skin.

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The MEDICAL SUMMARY

A Monthly Journal of

PRACTICAL MEDICINE, NEW PREPARATIONS, ETC

R. H. ANDREWS, M.D., Editor and Publisher, 2321 Park Ave., Phila., Pa.

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"THE MEDICAL SUMMARY,"
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A LOCAL APPLICATION FOR PAIN.

The following combination, sometimes called Sandy's local application, is very efficient as a local remedy in rheumatism, myalgia, neuralgia and other painful conditions: Gum camphor, two ounces; chloral hydrate and oil of wintergreen, of each four drams; fluid extract of cannabas indica, one dram; alcohol sufficient to make three ounces.

SICK BABIES.

We write an editorial on this subject every year at this time. Our remarks are more in the way of reminders than any real elucidation on the subject. Some one has aptly said, "the world needs to be reminded more than informed." Enlighten the mother, if she needs it, on these simple yet all-important matters:

Less food is required in summer than in winter. More fluids are required in summer than in winter.

Teach her the value of giving the little one a drink frequently in warm weather. It is a good rule to always give water before feeding or nursing.

If the bowels are irritable, distilled water or water that has been boiled and cooled is to be preferred.

If the child is artificially fed, lime water should be used each time in the milk, and milk sugar should be used as a sweetening agent.

In severe gastro-intestinal troubles lavaging the bowels with soapsuds is a good procedure. This may be best accomplished by attaching a soft rubber catheter to a common syringe.

Too many young children are overdressed in warm weather. If not dressed suitably any treatment directed at the ailing child is in a measure defeated.

Teach the mother the futility of giving a young child medicine aside from small doses of calomel and castor oil.

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DANDRUFF, FALLING HAIR, ETC.

Here are just a few agencies used singly or in combination in the form of lotions, ointments, etc.:

Almond oil	Oil rosemary
Olive oil	Oil ergot
Castor oil	Oil chamomile
Croton oil	Yolk of eggs
Paraffin oil	Borax
Chrysophanic acid	Mercury
Carbolic acid	Sulphur
Sulphurous acid	Alcohol
Lanolin	Capsicum
Glycerin	Cantharides
Pilocarpin	Aqua ammonia
Liquid vaseline	Euphorbium

Oil mustard

We would give more, but rather begrudge the space. The moral to this is quite obvious. We are using so many things that are rubbish. Somebody said rattlesnake oil was "good for" rheumatism, or that grapevine ashes would cure piles, and we take it for granted. Our therapeutics is in a chaotic state. That is one reason why we have drug nihilists. Let us pitch out a lot of our worthless remedies and instead of having so many drugs indicated for one ailment have one or two that we really know something about. And still let us not lose faith in drugs. Serumtherapy and specific medication are a long way off. Let us study some of the old remedies and learn how to use them.

THE HYPODERMIC.

It is needless to state that the needles should always be kept clean and made sterile immediately before using. The site of puncture should be rubbed with alcohol. Avoid veins and arteries. Morphine introduced into the smallest vein carries with it danger. The danger of introducing air into the circulation is too well known to dwell upon. Death has on several occasions resulted from the fluid or air being injected into the circulation; death in such cases is sudden. There is, it is true, only a slight measure of danger ordinarily in giving a hypodermic, but the cautious person will try to obviate that little danger.

THE DOCTOR'S OWN HEALTH.

The medical profession as a whole is actuated by broad altruistic motives. It works for the perpetuity of the health of the community individually and collectively. The majority of physicians hold themselves in readiness to answer the white signal of distress and suffering. The public expects physicians to hold themselves ever ready to respond to the beck and call of the ailing world. We think too much is expected from the profession. The doctor in general practice—and that's where we find the big crowd of them—is reluctant to turn down night calls very often even when he realizes that he should do so for the sake of his own health and comfort; he is afraid he may acquire that epithet applied to old doctors: "He won't get out at night." The doctor hates to think of growing old, and he hates to turn down too many of even the worthless and unnecessary calls on account of the adverse criticism it may bring down upon him. No man sticks closer to his work than the doctor. Too often he wears himself out prematurely at the game and, sad to say, may not have much money in the end to show for his toil.

Doctor, hearken unto the voice of the self-appointed seer! Take care of your own health, but don't be foolish about it. Don't worry if you are not able to respond to every call. Explain frankly why it is, and you will not lose friends by it. You may think yourself very popular among your clientele. They may tell you they could not possibly get along without you. But once you lose your efficiency, see how quickly matters change! The public, after all, values a physician on a concrete, tangible basis. His noble and loving character is only an incident. The moral of this drivel is obvious. Be a good, faithful and conscientious doctor, but take care of your own health and self-administer some of the good medicine you deal out so lavishly to others.

All pregnant women with albuminuria should be put upon a milk diet; this being the preventative treatment par excellence for eclampsia.

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IS OUR EDUCATIONAL SYSTEM WRONG?

This is a day of progressive thought and action in politics, in science, in sociology, in everything. It is a day of almost universal education, and it all takes on a utilitarian trend. It is also a day of varying and divergent theories, many of which have not been crystallized in the all-important crucible of experience. For instance, public school education is now receiving a bit of attention. One magazine is running a symposium on the subject of "What is the matter with our public schools?" The very question implies, *a priori*, that somthing *is* wrong.

One of America's most distinguished educators, Professor Boris Sidis, of Harvard University, among other bizarre and somewhat iconoclastic assertions, says: "The present school system squanders the resources of the country and wastes the energy and the lives of our children. The school system should be abolished." Dr. Woods Hutchinson, the voluminous writer for lay magazines, thinks (?) the public street is better than the public school, and that the public school system is fundamentally wrong and should be "abolished." A distinguished business man, O. H. Cheney, of New York, also goes on record as being opposed to modern education in the public schools. New York's mayor also takes a fall out of our school system.

It is true that a great deal of impractical, useless folderol has ever been perpetrated upon our children, a great deal of bogus culture has been foisted upon them, and dead studies pursued for the sake of alleged "mental drill." Yet we can't think the system all wrong. It is a democratic institution, the melting pot for young humanity. Even the erudite Dr. Hutchinson would in a personal test case prefer his own child in school with all its attendant dangers(?) rather than having him mixing on the street. Professor Sidis objects so strenuously to the public school because it reduces all children to a common level and destroys individuality. "The school," he states, "is not the right place for talent and genius." It will be remembered that Professor Sidis' son was qualified to enter college before arriving at his 'teens, due to his unexcelled home training. Unfortunately there are few parents of the capability of this man. Dissenting again from the distinguished educator, we would asseverate that it is not the purpose of education to specialize and bring out talent and genius. If we all possessed these qualities unfortunate indeed would the world be.

Abuses exist in our schools; also in the United States Senate; also even in the medical profession. It would sound puerile to talk of "abolishing" any of these institutions. Schools deserve more painstaking and intelligent regulation. Subnormal children, those who "can not keep up with their classes," deserve special grades. The medical investigation of the eyes, ears and throats should be more searching than is so often practiced. All mental and physical defects should be taken into serious consideration.

Above all, the home environment of the child should be looked after and the "visiting teacher" is one of the possibilities of the future. The bright children almost invariably come from the homes of culture, where the parents are reading and thinking individuals. The schoolroom should be a social and educational center for both children and grown-ups, and there should be frequent meetings at which an effort is made to enlist the co-operation of parents with teachers.

COLD IN THE HEAD.

For rhinitis, "cold in the head" and catarrhal affections generally, a local medicament to sniff through the nostrils is very grateful to the sufferer. Here is a good one presented by the *Physicians' Drug News:*

White petrolatum	℥viij.
Menthol	3iij.
Thymol	gr. v.
Eucalyptol	3j.

Melt the petrolatum on a water bath and add the thymol and menthol, stirring until dissolved. When nearly cold mix the eucalyptol thoroughly through the mass. The quantity of petrolatum may be increased if desired. An elegant manner of dispensing is in collapsible tubes.

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DR. HENRI BOGART.

He is *not* dead, and not even ill. So we hope. Too often we wait until a good man is dead before giving him his dues. Dr. Henri Bogart is known to us and thousands of others through his years of persistent endeavor along the line of applied eugenics. Through his instrumentality, if we mistake not, the State of Indiana adopted on her statute books the law for the sterilization of the criminal, insane, degenerate and otherwise unfit. It came to be known as the "Indiana plan," and some half a dozen other States have since adopted it. Dr. Bogart has talked and written in season and out of season for the simple operation of vasectomy to be legally applied to all the unfit and undesirable class who are likely to procreate their own kind. We are glad that this idea is constantly gaining ground. Our charity and humanitarianism has always been commendable, but it has in the past all been directed toward helping rather than preventing the incompetent class. Our charity ought to begin before its recipients are born when such can be at all possible. And we are now making it possible. Much along this line will be accomplished during the next decade. Bogart has done his share in this great work. More power to him.

DOCTOR WILEY.

Dr. Wiley, who recently resigned from the chemistry end of the department of agriculture, has served the country long and well as a scientist and humanitarian. He gained the ill will of a portion of the administration and he was bitterly opposed by all the "interests" whose purpose it was to palm off on the public adulterated, contaminated, short-weight goods. Dr. Wiley saw that his work was in a way handicapped, so he resigned to take up what he terms a "wider field" of endeavor. Through the press and the platform he means to continue a ceaseless warfare upon the evils that exist in the handling of groceries and medicines, as well as conducting a campaign of education designed to thwart the "high cost of living" by teaching food values and how to obtain the most food for the least money.

ABRAHAM JACOBI.

This distinguished American physician recently celebrated the eighty-second anniversary of his birth. Though advanced in years, Dr. Jacobi is still young and keeps in close touch with scientific progress and with all matters of interest to the profession. In a recent address he deplored the apparent passing of the family physician, and we here quote a few remarks in which he pays a tribute to that individual: "What I want you to continue is to admire the specialist, by all means; what I want you to learn is to revere and adore the general practitioner. There are a few left of the species called family physician. Mind what I say: In twenty-five years he will recover the place of honor which was his fifty years ago. It will be he who alongside and on account of his other work will again build characters and souls, which some of you have said is the only office left for the physician. But I say to you that that theory and that demand are realized only by preparing characters and souls on the foundation of healthy bodies and sound limbs. He will then be a doctor that will not mount on a bank, as was customary for mountebanks in dark centuries; but he will again be the general adviser, having learned from the laboratory men and the specialists who are the modern handmaids of practical medicine; knowing the history of his trusting friends and taking an interest in their wholeness and their wholesomeness,—the chum of the old people, the intimate of confiding girlhood, and the uncle and the oracle of the kids."

Autotoxemia of a chronic character is often at the bottom of many tough old cases of headache, rheumatism and "stomach trouble." Restrict the diet and admonish the drinking of copious quantities of pure water. An ounce or two of castor oil every morning or so alternated with a saline sometimes works wonders in such cases.

Ask a friend to write us for a sample copy of the SUMMARY. To-day, please.

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Leading Articles

Brief and practical articles, short and pithy reports of interesting cases in practice, new methods and new remedies as applicable in the treatment of diseases, are solicited from the profession for this department. ¶ Articles contributed for the Summary must be contributed to it exclusively. ¶ Write plainly and on one side of the paper.

The Editor is not responsible for the views of contributors.

THE PRACTICAL APPLICATION OF ELECTRICITY AS A THERAPEUTIC AGENT. DIFFERENT KINDS OF CURRENTS.

By J. R. Etter, M.D.

EDITORIAL NOTE.—This is the second of Dr. Etter's series of short, practical articles. Each article will be complete in itself; the entire series, when complete, will form a regular *vade-mecum* on "The Practical Application of Electricity as a Therapeutic Agent." These articles will be something different, that is, they will be presented in a different form from the general run of matter hitherto brought out on the subject in the books. No general practitioner can afford to miss a single number of THE SUMMARY containing this Series, which will run through all the present year and probably the next, and will give the technique of application minus the theory.

We often speak of different kinds of electricity in the treatment of disease, such as galvanic, faradic, static, etc. This is a very easy and comprehensive way, one the practitioner will readily understand, especially when he grasps the intention of the phraseology. The best minds in the medical profession, as well as in the mechanical field, agree that there is but one electricity, yet we have been able to so modify electricity by different mechanical devices as to make it behave in so many different ways as to almost warrant us in saying that there are different kinds. We speak of high tension, low tension, large and small quantity, which simply means the greater or less voltage and amperage. A high tension current is one of great voltage, and has great power to drive current through the body, or any other conductor of electricity, and the opposite is true of a low tension current. We may have a very high tension current, with an almost imperceptible quantity or amperage, as in the static machine, or a long coil faradic; and we may have a low tension current with great quantity or amperage, as in the steady or unbroken galvanic.

We often speak of the "flow" of electricity through a conductor, and, while it is not known that electricity "flows" at all, yet it is a convenient way of expressing our thoughts, and if the reader will just remember that we mean "the presence of electricity" in a substance, he will not get confused by such terms.

If you connect up a few galvanic cells in series, that is, the positive pole of one to the negative pole of the other, then take the ends of the terminal wires and immerse them in a mild salt solution, you will discover immediately that there is a difference in the action of the two wires. The wire that comes from the carbon element will throw off a few bubbles, but the wire coming from the zinc element will soon be entirely coated with hydrogen bubbles; this same thing will occur if you connect wires to the two binding posts of a galvanic machine, and is a point of great importance to know. The wire that becomes coated with the bubbles so freely is the negative pole, and of course the other is the positive, so that a physician can be sure at all times which is the positive and negative of his machine. A galvanometer would give the same information, but it is not every physician who has one, while they all can have salt water.

This is a point of practical importance that should be remembered, as in changing the cells in a machine, or changing the wires that come in from an electric plant, the binding post that formerly was positive, might now become the negative. In a purely alternating current, the phenomena cited above would not occur, because the current is reversed in rapid succession, one vibration being positive and the next negative on the same wire.

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CHANCROID: A NEW TREATMENT.

By William F. Waugh, M.D.

A youth in his peregrinations acquired a typical soft sore on the penis, near the root. Under the influence of various mild applications—iodoform, peroxide, aristol, europhen, calomel Laharraque—it remained in the same state, except that it spread slightly. After several weeks' unavailing treatment I went back to first principles, cocainized the ulcer and thoroughly applied fuming nitric acid. Immediate improvement followed, but about one-fourth of the ulcer refused to heal. Echinacea, thuja and other noted healing agents added to the list of failures.

During the early days a bubo formed and threatened suppuration, but subsided under saturation with calcium sulphide. Later another appeared on the other side, which underwent resolution under the same treatment. No apparent influence was exerted over the sore by the sulphide.

After nearly three months' treatment the sore was still open, and while not discharging much, showed no disposition to heal. At this time Prof. Thurston, of Bennett Medical College, mentioned to me that he was securing brilliant results from the local application of galactenzyme. This is the title under which the Abbott Alkaloidal Company put out their preparation of the Bulgarian bacilli, advocated by Metchnikoff as combating the colon bacilli, to which he attributes the advance of senility. Years ago I had applied bovinine to old ulcers and wounds indisposed to heal, with results generally beneficial, unless the stuff decomposed. Later I had used nuclein solution with more decided benefit and no such drawback. But the suggestion that galactenzyme might possess valuable properties as a local application was a new one to me.

I procured some fresh tablets and directed the patient to break one up into powder and apply it freely to the sore, refraining from the use of all other agents, as I did not want to mix things so as to render the credit uncertain. From the first application more benefit resulted than from any application previously made, except the nitric acid, and the sore healed completely in six days.

It seems that possibly it may be worth while to try out galactenzyme as a local application. I speak only of galactenzyme, because this is the only preparation in tablet form that was found to contain the true Bulgarian bacilli, in abundance and alive, without other and pathogenic bacteria accompanying. Should this be found useful as a local application to wounds and ulcers indisposed to heal, the credit should be given to Prof. Thurston, from whom the suggestion to use galactenzyme locally came to me.

No pain or discomfort attended the application and the patient was very decided in his preference for galactenzyme over fuming nitric acid.

1358 Fulton St., Chicago, Ill.

WHAT IT WAS.

By George L. Servoss, M.D.

In the columns of the Summary for August, 1911, I reported a case in which abdominal pain was the most prominent symptom. The patient was myself, and this is undoubtedly one of the reasons why I was unable to make a complete diagnosis. The pain was in the upper right quadrant of the abdomen. At the time the report was made there were no other symptoms indicative of any particular organic involvement. A few months later other symptoms appeared. The pain became more pronounced and associated therewith there was more or less nausea, more especially at the height of the paroxism. Later on there was vomiting, the vomit being extremely acid. With the appearance of this condition I suspected either gastric or duodenal ulcer. The pain became more local in character, remaining for the most part in the neighborhood of the pyloric end of the stomach, although there was some tenderness in the upper right quadrant, suggesting gall bladder involvement. This condition continued, becoming more pronounced from day to day, until, during the middle of February there was no time during which I was free from pain, and the nausea and vomiting, instead of occurring every week

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or two, occurred several times a day. Associated with these increased symptoms there appeared emaciation and anemia, and I experienced more or less vertigo from time to time. There was considerable loss of muscular strength and even short periods of physical effort were followed by pronounced malaise. My stools were dark colored and tarry. At the time this was noticed I was taking considerable doses of bismuth, and it was to the drug effect that I presumed the appearance of the stools was due.

During the afternoon of February 14 I spat up a couple of mouthfuls of blood, but presumed, owing to severe vomiting, that I had ruptured a small blood vessel. This was all the blood vomited. At midnight, feeling a sense of weight in the epigastrium, as well as one of fullness, I took two full doses of saline laxative, one hour apart. Three hours later there was a large, well formed, dark colored stool, followed by fluid stools at intervals of from one-half to one hour until noon of the 15th. In examination of the fluid stools I found a condition which suggested the passage of blood, but as there were no other symptoms of hemorrhage, I gave this but passing attention. During the afternoon, however, after I had become decidedly weakened, and was obliged to remain in a reclining position the major portion of the time, the bed pan was used, and at that time, about 3 P. M., there was a stool of practically pure blood passed. It was then realized that a series of hemorrhages were taking place, and I immediately took a full dose of atropine, followed by sufficient morphine to paralyze peristalsis. During the balance of that day and night I was comparatively easy, and as the drugs overcame the tendency to further hemorrhage, I became stronger. There was also almost a complete cessation of the pain. During the day of the 16th I felt much stronger, although I kept in bed. That night I slept well until about 1 A. M., when I had a paroxism of pain, lasting about half an hour, after which I slept until 6 A. M. At this time I awoke with an intense desire to go to stool, and with the help of my wife went to the bathroom, only a step or two. The moment I seated myself upon the toilet I felt that I was about to faint, and so informed my wife. Some ten minutes thereafter consciousness returned and I found that I had passed a large amount of practically pure blood. With the assistance of a neighbor and a brother physician who was then called, I was led back to bed and surgical assistance called from Reno.

After this last hemorrhage the anemia was decidedly pronounced, in fact, I was practically bloodless. Dr. St. Clair arrived from Reno at noon, prepared to operate, but upon noting my condition refused anything in the way of surgical interference, at that time. On the 19th I was taken to the Sisters' Hospital, in Reno, where I was placed under reconstructive treatment, calcium chloride internally and iron cacodylate compound hypodermically being employed until March 7th.

At 9.30 A. M., March 8th, I was operated upon, and it was found that there was an active ulcer of the duodenum immediately beyond the pylorus. There were adhesions in all directions, both from the stomach and duodenum, and it was with great difficulty that sufficient were broken up to allow of the posterior gastro-enterostomy, it requiring, in fact, some 30 minutes to break down the posterior gastric adhesions, prior to the conclusion of the operation. Owing to the extensive adhesions radiating from the duodenum, it was impossible to remove the ulcerated area, but good drainage having been established through the lower opening, it was thought by the operators that a recovery would take place through change of the flow from across the ulcer.

On the 17th of March I was up and dressed and the following day was out-of-doors the major portion of the day. In fact, my recovery has been uneventful, with the exception that I was from two to four days ahead of the average schedule of convalescence in cases of this sort. Since coming from the operating table I have not experienced a single recurrence of the pain due to the ulcer. There has been some hyperchlorhydria, due to the fact, undoubtedly, that some of the stomach contents has been passing by way of the duodenum, but this has been easily overcome. Of course, as in all abdominal operative work, I have had more or less gas accumulation. Now, at the end of the fourth week after operation, I am able to eat everything I desire.

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In fact, my diet is much more liberal than at any time for the past four or five years. I am gaining both strength and weight rapidly. I sleep well, excepting when there is gas formation. In fact, there is a sense of well being generally, such as I have not experienced for years.

I am again citing this case to first call particular attention to the fact that one cannot diagnose his own infirmities, as a rule, and also because of the fact that the case was first reported in the SUMMARY as a "What Is It," at which time numerous opinions were given by the family, none of which were absolutely correct. It was simply a case of duodenal ulcer with adhesions and without involvement of other abdominal organs pathologically, as the gall bladder, appendix and other organs suspected of being in pathologic condition were found absolutely healthy.

This case emphasizes the fact that no doctor should ever make an attempt to diagnose his own illness. Had I gone under the hands of a good diagnostician some four or five years ago it is very probable that I might have been given medical treatment which would have affected a cure of the ulcer, or, if operation had been required it would have been a much simpler matter, due to the fact that the pathologic condition would not have showed as much progression and that there would have been fewer adhesions. There would have been no anemia and little loss of general vitality during the earlier stages. This again emphasizes the fact that we should not procrastinate, but should receive treatment early, when we realize that we are the victims of anything of a pathologic character. For at least four years of my life I was practically a worthless citizen, as I was so decidedly below par in every way as to make my work decidedly mediocre.

If you are sick, doctor, go and consult a brother and *let him tell you what ails you,* and *let him treat you.* If you treat yourself, in the majority of instances your medication will be palliative and not curative, and you will get progressively worse. If you have pain you will use an antispasmodic, which will mask the true condition. In fact, you will invariably take the wrong remedy. Your brother will go to the bottom of the matter and discover absolutely what ails you and will institute the proper treatment, and you will recover. I am pleased in that I am able to report the ultimate outcome of this case to the readers of the SUMMARY.

Gardnerville, Nevada.

FOR HEALTH.

BY L. D. FIELD, M.D.

Those who are in easy circumstances, and those who follow sedentary employment, especially indoors, use their lungs but little, breathe but little pure air, and thus, independently of positions, contract a wretchedly small chest, and lay the foundation for loss of health and strength. All of this can be obviated by a little attention to the manner of breathing. The lungs can be expanded to double their size or capacity with perfect safety, and thereby give a splendid chest, and give immunity to so much lung disease. The agent to banish this dread scourge of tuberculosis is the pure air we should breathe. It is the only sure preventive required. There should be no obstacle external to the chest to impede the free inspiration of plenty of pure air. On arising in the morning place yourself in an erect posture, with your head thrown back and your shoulders brought together as near as possible, then inhale as much air as the lungs can possibly hold, hold it awhile, and keep up such practice for some time. Do this every morning. I have known those who have inherited weak lungs to increase their lung capacity as much as four inches by taking chest exercises. Singing is a great chest expander.

While every one can't pursue out-door employment, still sedentary persons can perform the morning exercise of deep breathing. Too many do not walk enough. In this age of autos, carriages and street cars, very few walk enough. One of the physicological evils of lack of bodily exercise is constipation. It is almost the rule. I knew a man who was so constipated from sedentary employment, who said if his bowels were to move every day he would suspect that he had chronic diarrhea.

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If sedentary people would live on stewed fruits and corn bread, and make it a habit to go to stool at the same hour every day, and take time enough, they will, if they concentrate their minds on the business, finally overcome the costive habit. Don't take medicine, except in extreme cases. Don't overload the stomach. Indigestion and sluggish bowels are the prevalent evils of the lack of manual employment, and insufficient physical exercise.

"Flat" dwellers and those who live in super-heated furnace houses should never neglect to let fresh air into their bed chambers during the night. If you want to arise in the morning refreshed, don't exclude the night air. There is nothing equal to old-fashioned fireplaces or an open grate for health. They are ventilators themselves. The old-timers who sat by the old andiron fireplace with the big back-log and hickory or beech-wood, had the robust health for you. Some of the finest eating I ever enjoyed was cooked at the log fireplace.

Finally, remember to abstain from drain drinking. Such indulgence reduces the strength and produces disease. Let your food be coarse and plain. Drink pure water and plenty of it. In the morning before breakfast drink a cup of hot brackish water. Try to take your meals at regular hours. Don't keep late hours, but try to get eight hours out of twenty-four in sleep. This is vitally important to growing, developing, young people, but unfortunately they are the very ones who don't get the amount of sleep they need. Sleep "knits up the ravelled sleeve of care."

Jeffersonville, Ind.

An ever-ready night light can be made from a bottle six inches high and one inch in diameter. The bottle is filled two-thirds full of pure olive oil that has been well heated about fifteen minutes, after which a piece of phosphorous about the size of a bean is dropped in and the cork securely applied. This, states *Trained Nurse*, gives a good light for about four months; whenever this grows dim the bottle is opened a little to let in oxygen. Care is necessary in handling the phosphorous.

SOME SUMMER REMEDIES AND THEIR INDICATIONS.

(SECOND ARTICLE.)

By H. Hamilton Redfield, A.B., M.D.

The treatment of the summer diseases of children resolves itself primarily around the question of a regulation of the hygiene of the case. The mother should be carefully instructed as to the care of nursing bottles and nipples, daily and careful bathing, preferably with alkalinized water, the prompt changing of the napkin after each bowel movement, to prevent the excoriation which the stools produce. The giving of an abundance of pure (boiled) water. The thorough cleansing out of the intestinal tract, and the keeping of it as near sterile as it is possible. The complete stoppage of food, and the giving of a combination of barley water and mutton broth at regular intervals. The use of barley water in these cases to me seems as much a part of the treatment as does proper medication, and any one who will give it a thorough trial will be convinced of its great usefulness.

The medical treatment must be carried out with the utmost care and attention to details. The patient should be seen daily, and in extreme cases several daily visits should be made, ever bearing in mind the fact that in these cases sudden changes occur which alter completely the aspects of the case, and the neglect to recognize and promptly combat symptoms is inviting a fatal termination of what might otherwise prove a successful case.

At the onset of the case, *i. e.*, the first medication should be directed to the cleaning out of the intestinal tract. This is imperative, when we consider that the seat of the condition lies in the intestines, and is due to the presence of decomposing food substances, with an absorption of toxins. For this purpose calomel offers an excellent agent; give it in doses of 1/10 grain every fifteen minutes until the child has taken one or two grains, and then follow this with a mild saline laxative. If the calomel is vomited, as it often is, repeat the dose and keep it up until the entire amount has been taken. As soon as the action of

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the calomel is assured begin with your intestinal antisepsis. Personally I prefer the W-A combined sulphocarbolates, which I give as follows: One tablet crushed in a teaspoonful of the barley water every hour until the stools are devoid of any odor, and then every two hours throughout the course of the disease. If there occurs a fever the remedy of all others is aconitine, and this is the first of the special remedies that we will give consideration.

ACONITINE.—Aconitine is an alkaloid derived from *aconitum napellus*, and is administered in the form of the granule, the dose being 1/800 grain. Physiologically it acts as a respiratory, cardiac, sensory and spinal depressant, a diaphoretic, diuretic and antipyretic. Its action seems to be chiefly exerted on the peripheral ends of the sensory nerves, but it also possesses a paralyzing action on the motor nerves. The sensory nerves are the first, however, to come under the influence of this alkaloid, which is exerted from the periphery inward, while in the case of the motor nerves the action is from the center to the periphery.

Under the stimulating action of aconitine upon the cardio-inhibitory center, the heart is slowed and steadied, while its inhibiting action on the vaso-motor center is productive of a lowering of arterial tension with a fall in blood pressure.

By its depressing action on the respiratory center the respiratory movements are slowed.

Having a selective action on the mucous membranes it is clearly indicated in all conditions in which we are to combat any irritation of these structures, its exhibition in dysentery of summer diarrhea being followed by the most excellent results. No danger or apprehension need be felt for the safety of the patient when giving this alkaloid if the rule as laid down by Dr. John M. Shaller, of the Denver Medical College, is carried out, *i. e.*, take one granule (1/800 grain) for each year of the child's age, and to this add one granule; dissolve these in 24 teaspoonfuls of water, and give a teaspoonful every fifteen minutes, half hour or hour, as the exigencies of the case require. As soon as the pulse becomes soft or the temperature approaches the normal, increase the interval between doses sufficiently to maintain the full physiological action. I have found that the alkaloid is absolutely safe when given as above, reliable and prompt in its action. In a child under one year of age, the dose is the same for a child of one year, *i. e.*, two granules in 24 teaspoonfuls of water.

In the first stages of acute bowel trouble it is demanded. Here the stools are frequent, watery, slimy or bloody in nature. As a rule these conditions are dependent upon sudden changes in the weather, although it works equally well in those cases which have for their causative factor some irritative condition in the intestinal tract, such as decomposing food or bacteria. The diarrhea may only be of the simple variety, with the watery or chopped spinnach stools, or again we may have the true choleric diarrhea of the second summer occuring in children where the stools are slimy and the marked tenesmus is present.

In addition to aconitine we have another remedy, which should never be forgotten in the care of these cases, as it occupies a place created by itself after the most severe trial, that gives it rank at the top of the list of special remedies in the summer diseases of children. This remedy is ipecac.

Ipecac has long been known to the medical staff of the British Government in India, the native physicians in India, Burma and Ceylon, as well as to the Japanese physicians, as almost a specific in the treatment of the many forms of cholera occurring in those countries. With them it forms the dominant treatment of cholera irrespective of the cause, either the amœbacoli or the bacillus of Shiga. Their only complaint being by reason of the emetic properties of the drug, which is extremely unpleasant and to be avoided if possible. Those of us who have given study to the isolation of the active principles of the various medical agents find no such difficulty in the use of this remedy, having in emetine an alkaloid that is devoid of the nauseating or emetic properties of the mother drug, and yet retaining when isolated all the agreeable qualities of ipecac, that make that drug the peer of all others in the treatment of diarrheas or dysenteries of whatever nature or cause. Physiologi-

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cally the action of emetine—the dose of which is 1/64 to 1/6 grain—is that of an expectorant, chologogue, diaphoretic, hæmostatic and antidysenteric. Therapeutically it is used in cases that are characterized by nausea that is persistent in nature, the saliva is profuse, and the tongue is clean or slightly coated. In catarrhal conditions of the intestines it is the indicated remedy, and should be studied closely. In cases of diarrhea in which the stool seems to be composed of fermented yeast, or green, watery or slimy, mixed with particles of food or they may be bloody.

Emetine proves its sterling worth in the treatment of those diseases of the second summer of childhood and which fill the heart of the anxious mother with anguish and despair. In the majority of these cases a history of improper diet will be elicited. The little patient is emaciated, face hollow and expressionless, the lips are blue, skin is cold and clammy, dark circles under the eyes, the fontanelles are depressed, there is muscular twitching during the sleep, and the child lies prostrate in a comatose condition; the stools are thin and watery, and contain quantities of slimy green material, while the odor is musty and stale.

In cholera morbus, when the characteristic cutting pains which run from right to left across the belly, but are worse in the region of the umbilicus, are present, emetine has been a life-saver in many instances.

It should be remembered in the dysentery which appears in the autumn when the hot days are followed by cool nights.

Given in the dosage as above emetine will prove absolutely reliable in all cases of summer diseases of children. Under the influence of this alkaloid the frequency and nature of the stools change rapidly, the tenesmus disappears, the skin takes on a more healthy appearance, and the child shows a marked improvement; in some cases the addition of small doses of silver nitrate will expedite matters, but in the majority of patients all that is necessary is emetine.

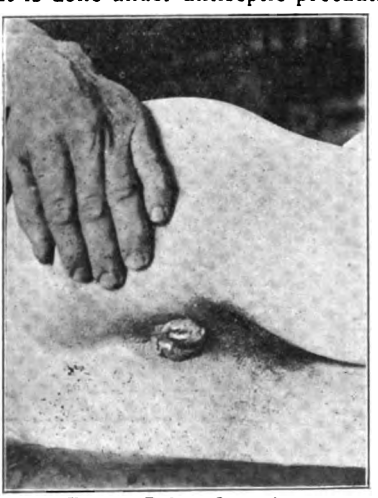
In the following papers we will consider the application of these diseases of such remedies as veratrine, digitalin, strychnine or brucine, dioscorein, colocynthin, gelseminine, atropine, rhus toxicodendron, berberine, hamamelin, baptisin, echinacea, juglandin, corydalin, colchicine and ignatia.

THE RADICAL CURE OF PROTRUDING PILES.

By S. D. Saur, M.D.

When hemorrhoids have existed for quite a long time they result in some cases in enlarged tumors which often protrude and become a constant source of irritation, annoyance and pain as well as a drain upon the vitality of the one so afflicted. I have had four of these cases recently and by the method to be described have removed the tumors to the satisfaction of the patients.

The last case I had was about a month ago. I shall attempt to describe the technique employed in this case. This method, by the way, is safe and sure, and by carefully following out the technique anyone can perform the operation and get results. One must, of course, exercise care and see that it is done under antiseptic precautions,



Tumors Before Operation.

everything to be clean and sterile in order to avoid any danger of infection.

Mr. C. F., aged about 45, carpenter and farmer, had piles for more than ten years, and of late years they had become very painful and protruded a greater part of the time; sometimes they would bleed so the blood would run down his legs; he was pale, sallow and run-down. He had tried various remedies and doctors, but gradually grew worse. Through friends he heard

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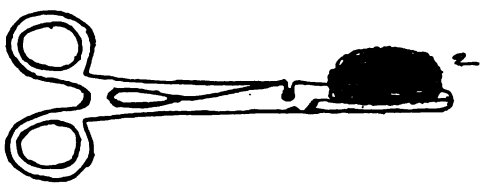
that I could relieve him permanently, so he came and consulted me. On examination I found the whole circumference of the rectum surrounded by the tumors which were two large ones about the size of a large pigeon-egg. I had them photographed before removing and I also took a mirror, and letting the patient hold it, another was held in position back of anus so it would reflect the exact picture of the tumors and rectum in the mirror held by the patient himself. This is a good plan, as it satisfies the one who is to be operated on as to the condition he presents, and after he is cured you can show him the difference, and he will appreciate your efforts all the more. They are willing to pay from $75 to $100 for such work to anyone prepared for such.

I instruct the patient to have the bowels well cleaned out before coming to have the operation done, even have him use an injection if possible. The anus should be well cleaned and the hair shaved off; use antiseptic soap, then alcohol, and lastly paint all around with iodine. The tumors are taken one at a time. It is well to inject a solution of quinine and urea hydrochlorate, 15 grains to the ounce with five grains of chloretone. This gives a splendid, safe anesthetic solution and you have no danger of heart failure as in cocaine; besides, the anesthesia in the former lasts a great deal longer.

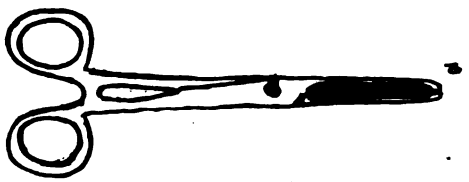
As soon as the tumor is numbed take a special pile forceps clamp as shown in accompanying cut. Clamp it on the tumor



Tumor Clamped Ready for Cutting Off.

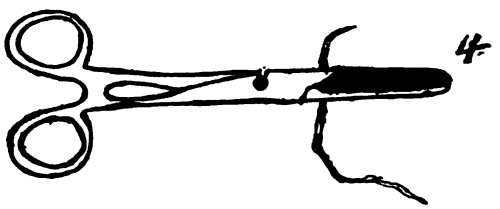
close to base, having an assistant pull up the tumor so as to get a good base hold, but not too tense or too close to base so as to pull up too much of the tissue. The clamp is tightened and notched, then with a sharp knife cut off the tumor above the clamp blades—*not below*. You then have a clean surface and it can not bleed as the clamp prevents hemorrhage. Now leave the forceps notched and proceed to sew up the cut, beginning at or near the lock if the forceps are away from the point; this is, however, optional—you can begin at either end of cut.

Now sew loose end, having the first



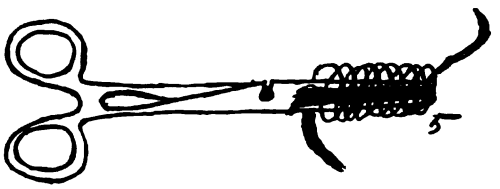
Tumor Removed.

thread double, and use No. 2 or 3 catgut. No. 3 is preferred. Sew in under forceps and over. After the first stitch cut the



Sewing up Tumor. First Stitch in Tumor Suture. Have Double Catgut Suture.

double thread, that is, only one of the sutures, and this will leave only one main thread. Leave the suture thread that you cut above two inches long, and do not pull the first suture entirely through, leaving about two inches beyond the point of inser-



Sewing Over the Clamp. Notice Loose Suture so Clamp Can Be Removed.

tion to end of suture. Now sew around the clamp over top and down under as in cut five. Always leave your continuous suture loose over top of forceps, so you can unclamp your forceps when you reach end of cut. Leave last three or four sutures with double threat; this will facilitate tying at the finishing end, with sutures still loose in notch clamp is removed by pulling it down through bridge of sutures. You can insert this suture about 1/16 or 1/8 of an inch

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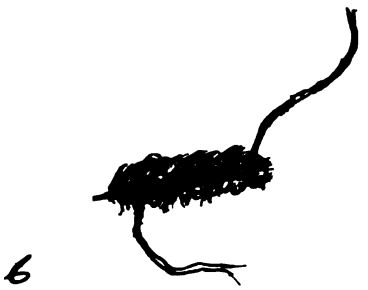
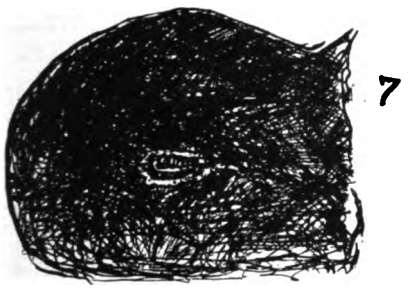
apart. You now make tension on your sutures and pull the wound or cut surfaces



Clamp Removed—Stitches Ready to Be Drawn Tight.

well together. Cut No. 6 will show how it looks when clamp is removed and stitches pulled taut.



Clamp Stitches Drawn Taut.

Strong silk sutures can be used and removed in about ten days. If the catgut sutures are not absorbed in due time they can be removed. We let the patient stay in bed several days if he wishes and use the following suppository for the rectum:

℞ Morphine sulph. 0.06
Bismuth subnit. 4.00
Pulv. opii 1.00
Ext. belladonna 0.4
Ol. eucalyptol 0.5
Cocaine 0.13
Ichthyol 2.00
Ol. theobrom. q.s. Ft. Suppos. No. 12.
Sig.—Use one morning and evening.

A pad of antiseptic dressing with bandage is put on. I use a solution of magnesium sulphate, two tablespoons to a pint of water as a local application and keep the gauze pad moist with it.

Ogilvie, Minn.

IODINE AS A THERAPEUTIC AGENT, ILLUSTRATED WITH CLINICAL REPORTS.

By C. W. Canan, B.S., M.D., Ph.D.

That iodine was recognized as a curative agent long ago for various chronic conditions can be easily proven by consulting medical lore; that, although badly borne by the stomach in its free state, and producing various toxic phenomena on the general economy, it was administered for long periods, so confident were our forefathers of its value as a therapeutic agent.

As years passed by the confidence of the profession grew stronger in its worth, but to overcome its disagreeable by-effects was a problem not easily solved. So many and so pronounced were these that for a time it fell somewhat into disuse as an internal remedy. Many and varied were the agents used to try to overcome its toxic properties.

Then it was that chemistry came to the rescue and the various salts or iodines were the result. These were quite an improvement, yet they were not free from the same objections. Chemistry, hand-in-hand with pharmacy, went further, and the results achieved were still more gratifying. Improvement has gone on along this line year after year, so that we have now at our command preparations of iodine as near free from the former objections as pharmaceutical skill can produce. We can now prescribe iodine in almost any condition and for an indefinite time without fear of producing that train of disagreeable toxic symptoms that was always present when the older products were administered.

The field for iodine as a remedy is probably wider than that for any known drug. As an internal remedy it is indicated in all chronic conditions where the eliminating process is damaged, causing an auto-intoxication of poisonous products; where there is a retrograde of tissue metamorphosis; where the red blood cells and hemoglobin have been reduced below their normal standard; where the body weight has been reduced from drainage upon the system and where there is increased glandular growth or excessive tissue fluids. It holds the first

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place in the treatment of chronic respiratory diseases.

CASE 1.—Lillian E., nine years old, contracted a severe case of pleuro-pneumonia with effusion. Her life was despaired of long after the acute stage had passed because of her debilitated condition. There were extensive adhesions with a number of pneumonic foci. Cough dry and strength sapping, appetite poor and blood badly impoverished. The danger signals were being displayed on all sides, notwithstanding she had been taking iron, hypophosphites and vegetable bitter tonics. In a fit of desperation I decided to try arsenic and iodine. Soluble iodine (Burnham) was prescribed and alternated with arsenic in small doses. At the end of the first week I was confident that I had made a wise decision. By the end of the second her appetite had improved and her cough was much easier. Then the remedies began to tell on her blood supply, and she began to gain in flesh. By the end of the second month she had gained ten pounds in weight, and roses began to bloom in her cheeks. In three months she had been completely restored to health.

In chronic tonsilitis we have in iodine a remedy to be relied upon when combined with local treatment. Especially is this true when the disease is the result of rheumatism, gout, tuberculosis or syphilis. In cases of long standing where the tonsils are practically destroyed by the disease, surgery is the only rational treatment. In those cases where medical treatment is decided upon all diseased crypts should be emptied and then touched with tincture iodine. This should be repeated from time to time until the surface is healthy. To reduce the hypertrophy and eliminate the toxic condition that produced the disease, the patient should be given a thorough course of iodine.

CASE 2.—Miss Mamie E., farmer's daughter, age 17 years, had had two severe attacks of rheumatism, one when seven and the other at thirteen years of age. As far back as she could remember she had suffered from hypertrophied tonsils. Had lost school week after week with tonsilitis. When she came under the writer's care I advised removal, but it was not granted. She was anemic, reduced in flesh and talked with a nasal intonation. The tonsils were treated locally by emptying all diseased crypts and painting with iodine tincture. This was repeated from time to time and the patient made gargle with glycothymoline. She was also placed upon five-drop doses of soluble iodine (Burnham) four times daily. Improvement was at first slow, but as the weeks passed it became more evident. Pink came into her lips and cheeks, she lost the nasal intonation, and began to gain in weight. Her menses returned (absent for over a year) and at the end of six months she had gained 20 pounds. This writing is one year later and she remains in good health, with no symptoms of rheumatism.

The writer has found the iodine treatment (both internal and external) to produce results superior to that of any other known to him in treating congested, inflamed or enlarged lymphatic glands, no matter whether they are deep or superficial. The same is true of goiter when due to simple hypertrophy of the gland elements.

CASE 3.—Miss Amelia F., clerk, 24 years old, very anemic and had suffered from thyroid enlargement since she came into womanhood. Very nervous and had hysterical convulsions at nearly every period, the flow of which was scanty and painful. She also suffered from palpitation and a choking sensation in throat. Had suffered from constipation for years. My diagnosis was a neurotic condition complicated by auto-toxemia. Treatment consisted in a thorough clean-up of the animentary canal with mild chloride, followed by saline laxative (Abbott's). Enough of the laxative was continued daily to insure one or two normal actions. Strych. sulph. 1/40 grain, was given t. i. d. to even up the circulation, as she continually suffered from cold clammy hands and feet. As a constitutional remedy I prescribed soluble iodine (Burnham's) first in small doses, then increased until results were manifested. The goiter was anointed with a 10 per cent. iothion ointment twice daily at first and then once a day. This plan not only restored her health, but cured the thyroid enlargement.

In obstinate cases of chronic malarial poisoning where quinine fails we have in

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iodine a remedy that should never be forgotten. Especially is this true where the liver and spleen are enlarged as a complication.

CASE 4.—Mrs. Lillian M., lumberman's wife, age 36 years, mother of three children (youngest eight years old), weight in health 140 pounds; now weighs 106; is very anemic with a color best represented by mixing a little ochre in putty. Could not retain her food at times, and was a constant sufferer from headache, which became paroxysmal at each menstrual period, which was very irregular. Liver and spleen greatly enlarged with a thickening at pyloric end of stomach. Face puffy under eyes on getting up mornings; heart action bad; bowels constipated; in fact, all the machinery had been damaged. This patient had gone soon after marriage with her husband to settle in Mississippi. She soon contracted malaria, had taken quinine without measuring the dose. When she found that she could not live much longer she returned to her native State. I was puzzled in deciding upon a plan of treatment that would prove beneficial. My first idea was to clean up. This was done with mild chloride and podophylin in small doses often repeated and followed with saline laxative (Abbott). The crippled kidneys were flushed with quantities of Bear Wallow water. This far so good. Soluble iodine (Burnham's) was now prescribed and alternated with strychnine sulph. 1/40 grain four times in 24 hours. Two weeks passed by and no improvement, if any, could be detected. I was about to make a change, and would have done so had I known anything better; but by the end of the third week the patient claimed that her headache was gone and her appetite was fast improving. From this time onward there was no doubt; pink began to show in lips and conjunctiva, and the skin lost its parchment look. As months passed by the liver and spleen decreased in size, and by the end of six months I do not believe that her husband would have recognized her, unless he would have had a picture in his mind of the girl bride he took with him to the swamps of Mississippi fifteen years before. I neglected to note that I omitted the strychnine and gave Fowler's solution in its place at the end of the third week of treatment.

Iodine has been a remedy much used by me in treating neuralgia, myalgia, lumbago and sciatica in their chronic form as seen in badly run-down and anemic patients.

CASE 5.—Mr. Jacob F., farmer, weight in health 160, at beginning of treatment 132. Exposed himself to all kinds of weather; contracted grip, was in bed two weeks, went to work before fully recovering, and in less than a week was stricken with sciatica in its worst form. To give him a quick cure the materia medica was dug up in general; three physicians helped to do it, but no permanent good resulted. He was taken sick the second week in January, and when I was called upon the scene March was making her debut. I found the patient about as blue and discouraged as it is safe for one to get to be called rational. Taking all that had been done, and the patient's run-down condition into consideration, I tried to make him see that a quick cure was foolishness in his case; that reconstruction work must be done in every part of his machinery before he would be able to do his spring work on the farm, about which he was so worried. I tried to make him believe that I had two remedies that would cure him if he would be satisfied to wait. I then prescribed soluble iodine and Fowler's solution of arsenic, to be alternated in small doses. This treatment was to be re-enforced by a careful watch over the function of stomach, bowels, liver, kidneys and a thorough massage of affected limb daily, as the muscles had atrophied badly. In a few weeks the patient as well as myself was satisfied that he was on the right road to "Wellville." After this the rest was easy, and by the time the mother bluebird was selecting a suitable place to rear her brood he was ready to go to work with a vim.

Orkney Springs, Va.

Brief reports of interesting cases are always welcomed by the SUMMARY.

A black eye can be much improved in one night by bathing with hot water for twenty minutes and then applying pure green soap and leave on over night.

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THE HEART.

By M. G. Price, A.M., M.D.

There is no disease that preys upon the organism of man that does not speak a language peculiarly its own, differing in word and influence from other diseases, and has only to be correctly interpreted to unfold the whole story of the systemic wrong. Hour after hour and day after day may this ceaseless pleading be heard by those "who have ears to hear." Sometimes there is a confusion of voices and again the "small voice" is low and weak and scarcely audible, all tending to a failure of interpretation or to misinterpretation. Anon the words are loud, clear and distinct, readily understood and interpreted. An appreciative ear, a keen eye and ready wit suffice to a correct understanding of this language of diseased nature. From it we learn the whole story; nothing is kept back; the book is unsealed; we have only to read. Sometimes we are poor readers; our comprehension is bad; we misinterpret; we botch the matter, and no wonder, for each disease has its own language and interpretation. Many diseases, many languages, much confusion, but we may arrive at some tolerable knowledge of what is meant by the language spoken.

The heart, murmuring heart, faltering, wavering heart! Why not murmur, throb, falter, waver? What else might be expected of this ceaseless worker, that slave of the universal organism—

Whose streams of brightening purple rush,
Fired with a new and livelier blush,
While all their burden of decay
The ebbing current steals away.
And, red with Nature's flame they start
From the warm fountains of the heart.

No rest that throbbing slave may ask,
Forever quivering o'er his task,
While far and wide a crimson jet
Leaps forth to fill the woven net,
Which, in unnumbered crossing tides,
The flood of burning life divides;
Then, kindling each decaying part,
Creeps back to find the throbbing heart.
—O. W. H.

Frequently all this is accomplished without complaint, yet more often its work is done under embarrassing circumstances; enemies from without and from within harass its every pulsation. The life-tide, laden with all manner of impurities, is poured into it until it becomes a cesspool of stinking filth, while it is tortured from without by the unwise and untoward acts of the host. With all this, who would wonder should the heart sometimes murmur?

What are the words it uses to describe its troubles? They are sure, few, plain, easily understood. Men have caught on pretty well to their significance.

My soul is filled with sadness when I listen to the timid pleadings of a worn-out heart, for lately some of my best friends, true and tried, have "fallen asleep," because weary hearts must needs have rest—but I digress. What are the words through which the heart speaks to our listening ears? Murmurs, throbbings, thrills, pulse, frictions, dullness, accentuations, bruits, hums, dyspnea, cough, dropsy. What do men learn from these phenomena. Let us patiently listen to the story of the heart laboring here before us; its words are few and emphatic, and utter no uncertain sound that we may the better hear, we will use the stethoscope; put it down over the area of the pulmonary artery. What do we hear? A murmur. What is this murmur about? What is going wrong? Slip the instrument up over the juglar vein. There is a murmur here. Has it anything to do with the one before mentioned? I think so. Let us inquire further. Slip the instrument down over the apex. The same murmuring complaint is there also. Has it anything to do with the former adventitious sounds? I think so. Again, what of these murmurs in regard to time? Listening closely, we hear the "lub—lub—lub" of the heart, and we hear the murmur also; hence we know that this murmur corresponds to the systole of the heart.

Again, some murmurs are irregular, but this is not. Some sounds are transitory; this is regular, permanent, abiding. In some cases there are moist, sibilant sobs, but there are none here. Now, what does this heart tell us by its complainings?

1. That the murmur is in the pulmonary area.

2. It is found also in the jugular vein.

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3. It is propagated to the apex.
4. It is systolic in time.
5. It is continuous.
6. It is an abiding condition.
7. There are no rales.

This poor, palpitating heart is talking to us of the condition of the circulating fluid—the blood. It is speaking of anemia—poverty of the blood—and crying loudly for iron, arsenic and other tonics.

Here is another case; a very dear friend. Poor fellow, something has gone wrong with him. He is almost out of breath; his heart is wildly palpitating, 200 or 2000 beats to the minute, don't know which, uncountable; yet at the wrist the pulse is small and irregular, for 20 or 30 beats furious, then it stops, and you would think it would never beat again, but here it comes again with its rattling shivaree. This is repeated hour after hour. See the heart pounding against the chest wall. Yes, you may plainly see its heavy strokes. Now listen to its murmuring; the familiar "lub" is gone, and in its stead we have a murmur. We can trace it into the axilla and between the scapulæ. What is this poor sick heart trying to tell us? Of the insufficiency of its machinery its valves are failing to do their work, or rather the valves of the right heart. More than this, there is the edema of the feet and legs, slowly mounting upward, and ere long the poor man will be drowned in his own fluid. What are we going to do about it? What life-line are we going to throw out to him to save him from this o'erwhelming flood?

There are few miracles nowadays, but I want to tell of at least the wonderful effect of digipoten in this case. On February 24, 1912, he weighed 150 pounds; on March 4, he weighed 120 pounds. Under the administration of digipoten as follows was this result obtained: Feb. 25, he was off 5 lbs.; Feb. 26, off 10 lbs.; Feb. 27, off 6 lbs.; Feb. 28, off 4 lbs.; Mar. 1, off 2 lbs.; Mar. 2, off 2 lbs.; Mar. 3, off 1 lb.; total, 30 lbs.

This treatment was preceded by calomel, and perhaps he took 100 grains of calomel during the week of treatment. The digipoten was given one tablet ½ grain every four hours.

Mosheim, Tenn.

ICHTHYOL INTERNALLY.—A HISTORICAL SKETCH.

By A. Rose, M.D.

From Vierordt's classical book, *"Medizinisches aus der Geschichte,"* we learn that Bismarck, during his long, active and eventful life, had frequently been sick. He died from senile gangrene on July 30, 1898, at the age of more than 83 years. Dry gangrene of part of the left foot, and heart failure, with œdema of the lungs, were the direct causes of his death. The left leg had given him trouble ever since the year 1857, at which time he had met with an accident while hunting. In June, 1859—he was at that time ambassador in St. Petersburg—he had an attack, as he described in a letter to his sister, of rheumatic, gastric, nervous sickness, which was treated most irrationally with cupping and mustard plasters; some quack had even applied a large cantharide plaster on the left leg, which caused so much pain that Bismarck tore it off himself. He wrote that this fly-plaster had injured a vein and that he had suffered from this for a long time. Surgical authorities, among them Pirogow, had even suggested amputation, but hydrotherapy, especially the baths of Nauheim, restored him so far that he could walk again and ride horseback. In November of the same year he had a severe pneumonia, from which he recovered only slowly; it was supposed that a wandering thrombus, an embolus coming from crural veins, had been the cause. It was not until March, 1860, that he was able to return to Berlin. In August, 1868, falling from his horse, he broke three ribs, but from this injury he made a good recovery, and noteworthy was the improvement of his general nervous condition.

In regard to diet Bismarck lived in accordance with his powerful constitution—he was 6 feet high, weighed 247 pounds—very much contrary to hygienic rules until the year 1883, when Dr. Schwenninger took charge of him. He was then 68 years of age. From alcohol and tobacco he would never abstain, even under the diet prescribed by Dr. Schwenninger and followed by the illustrious patient. Who, says Vier-

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ordt, could imagine Bismarck as a teetotler?

In addition to his habitual rheumatic pains, Bismarck had, in the year 1878, a painful attack of herpes zoster, and in the year 1879 he suffered from a very distressing facial neuralgia which became aggravated when he was mentally excited and also in damp and cool weather. His nervous condition, his nervous crises, Bismarck had never denied, but spoke of them objectively. He suffered a great deal from insomnia. Morphine was given very cautiously and never continued for any great length of time.

Not only from the purely human point of view, but also from the medical standpoint, it is a most remarkable fact that this man, suffering bodily, subject to nervous and psychic irritation, never lost his good humor and always knew at the given moment to use the sharp weapon of his superior mind with masterly sureness.

It must have been in the year 1885, or around that time, when I read in some journal a description of Bismarck's condition, and how it had improved under Schwenninger's treatment, the most remarkable feature of which was the internal use of ichthyol. In vain have I tried to find this paper. I wrote to Prof. Schwenninger himself and received the following reply: "Villa Schwenninger (Munich), Jan. 25, 1912. My esteemed colleague: I have been travelling; on my return to-day I found your letter and hasten to answer it, although I cannot give you satisfactory information, for I do not possess the articles on ichthyol any more, and can only say that they have appeared some time in the eighties. Yours, etc."

The only thing I have bearing on this matter is a letter of Prof. Schwenninger of September 2, 1885, addressed to and published at that time by the firm which furnished the ichthyol preparations; it reads: "I thank you very much for the preparations which you have sent to the Prince, and desire to inform you that His Highness wishes some of the ichthyol sulpho-ammonium, as well as some of the pure ichthyol and, finally, a mixture which, if I am not mistaken, is perfumed. Please send these preparations to Friedrichsruh direct. I shall within a short time write on my experience with ichthyol and shall refer to it in the yearly report for the *Charite* as far as it concerns the skin affections treated with ichthyol. At present it gives me pleasure to inform you that His Highness has given his consent to tell you how extraordinarily beneficial the ichthyol preparations, espcially ichthyol sulpho-ammonium, have acted in lumbago and rheumatic affections, in contusions, muscular tensions and strainings, etc. Dr. E. Schwenninger."

I wrote also to Prof. Vierordt; he replied as follows: "Highly esteemed colleague: Your request does not appear to me to be easily answered. There exists a 'Notice on Ichthyol' by Schwenninger in the *Charite Annalen,* XI vol. (1885). It is a short article, only three lines, on the internal administration of ichthyol. The publication *Dem Andenken Bismarck's,* Leipzig, 1899, by Schwenninger, mentions nothing about ichthyol; however, it is not likely that Schwenninger should have published something on the treatment of his patient while the latter was alive, especially not during the early period of his relations to him (since 1882). In the collected writings of Schwenninger I find nothing, at least judging from the titles of the different articles, about ichthyol and Bismarck. In case I should find something—as you suppose it has not been in a medical journal—I shall at once inform you. Why could not Schwenninger, not having copies of the article, name the journal in which the same can be found? In general we remember what we have written, etc."

And I agree with Prof. Vierordt, assuming now that the paper for which I am looking could not have been written by Schwenninger himself. From memory I will give what I have read in some daily paper or magazine at that time—about 1885 or 1886. Bismarck, whose failing health had caused a great deal of distress in state affairs, returned after a long absence, during which he had had the constant attendance of Schwenninger, to the Parliament and caused a great and joyful sensation by his wonderfully improved condition; his weight was considerably reduced, and he appeared rejuvinated, refreshed in body and in spirit. The graphical description of the ichthyol treatment which I read having

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been the main factor in producing this change made a great impression on me, and I became an enthusiastic admirer of this remedy, which admiration has never lessened in the course of the last twenty-six years. But of my own experience I shall speak later on.

In the year 1888 appeared (*Therapeutische Monatshefte,* Jan. 15), an article by Nussbaum on the internal use of ichthyol which I have not seen mentioned in the recent literature, but which appears to me of such great value that I may be permitted to give an extensive extract. At first, says Nussbaum, some patients may complain of unpleasant belching after they have taken ichthyol, but this may easily be taken into the bargain, the more so as it will soon cease. Only very few people with very sensitive stomachs experience a serious sensation of pressure and cannot continue taking the remedy. There are a great many diseases for which the internal use of ichthyol as a universal remedy. All the disrheumatic gouty affections, but also in an army of skin diseases has it been given with gratifying results. In different forms of lupus and lepra, of eczema and herpes, has internal and external application been of good service. All capillary dilatations, red noses, chronic redness of the pharynx, hyperæmia of the larynx, even asthma complicated with eczema, gastric disturbances, pelvic neuralgias were treated successfully with it. Although these good results have been described and confirmed by men who deserve absolute credit, I do not feel justified in judging the successful treatment with ichthyol from these reports, but will confine myself strictly to what I have personally experienced. It is indeed a misfortune for ichthyol that it has been recommended as a remedy in so many diseases. It appears as if we were hunting for a universal remedy, and I am firmly convinced that many a practitioner has for this reason hesitated to use it and give it a fair trial. But if one carefully analyses all the facts the matter will appear in a different light. We do not need to think of ichthyol has been recommended. Not only in cases and affections in which ichthyol is useful are characterized by hyperæmia and dilatation of the capillaries, and I have observed that whenever ichthyol is applied in such cases of dilatation it causes constriction.

All asthmatic evils, all gastric disturbances, all pelvic neuralgias, and sciatica, provided they are influenced by anomalies of circulation combined with dilatation of blood vessels, are attainable by ichthyol. This explains why ichthyol in some affections with similar symptoms, but due to different causes, are not benefited by ichthyol. Nussbaum enumerates his experience especpecially in cases of neuralgias and pains in bones, joints and muscles, in which there was great interference with motion, which for months had been unsuccessfully treated with different remedies, but in which internal administration of ichthyol had secured relief, to the surprise of the patients, within a few weeks or even in a few days. There were cases with distinctly gouty inflammation in which exudation had reduced mobility, every motion of the joint produced audible crackling noises, and in which the internal use of ichthyol relieved the pain and restored mobility. The suspicion of being considered a universal remedy might be suggested by the fact that there exist so many different ailments in which capillaries are dilated and in which a surplus of matter is accumulated, giving indication for the use of ichthyol with its wonderful action, to regulate such conditions. It appears almost comical, says Nussbaum, when pustules, red noses, tumor albus and sciatica are placed alongside one another on the therapeutic list, and still it is the truth that ichthyol acts in all these cases by its vasoconstricting properties. It will prove of service to the hot fluctuating knee, whether the cause is phymatiasis or simple arthritis it acts in both instances beneficially on the anomalous dilatation of the vessels and on the exosmotic products. Nussbaum gave ichthyol in pill form of 1½ grains, five to twelve pills twice a day. *Experimenti causa* he took himself 50 pills daily without noticing any ill effect.

Ever since the year 1885, after I had learned the details of Bismarck's case, I employed ichthyol extensively. One of my first cases was that of a lady who for many years had been suffering in a most distressing way from urticaria. I ordered ichthyol

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with the understanding that it should be taken for at least a year without interruption. In the course of five or six months she was completely and permanently cured. Before I resorted to abdominal strapping for enteroptosia I relied entirely on ichthyol taken internally for a great length of time, and the result was gratifying. Patients were soon complimented for their improved complexion and for having gained in weight. I could speak of it to lady patients as a beautifier. With the increase in weight the ptosis would be overcome.

I do not know if Nussbaum's theory is correct that ichthyol acts only by constricting the dilated capillaries, I considered it as a means to regulate the imperfect metabolism. And I believe this is now the generally adopted view, and if it is given in case of phthisis or chronic infections diseases of any description it acts by raising the power of resistance in the system. All patients who had taken ichthyol for some length of time—as a rule, for one or one and a half years—would speak with enthusiasm of its good effect on their health in general. I give it in all cases of enteroptosia in which I apply the abdominal plaster belt.

A number of years ago a lady suffering from extreme enteroptosia, especially floating kidney, was sent to me from a university hospital to give my method a trial before nephropexy should be resorted to. She had been in the hospital for a long time, had had the best care and the most skilful attendance, but her condition of high-graded neurasthenia was most pitiful. She was about 30 years of age and weighed 92 pounds when she came to me. I applied the plaster belt and gave ichthyol. In the course of time she gained about 35 pounds and correspondingly her general health improved. She is this long time a picture of health.

But now we come to a most extraordinary phase of the history of the internal use of ichthyol, and it is on account of this phase that I am writing this paper. When the colleagues of that university hospital who had recommended the patient with enteroptosia to me learned of the ordination of ichthyol they were not aware that it ever was given internally. This was about five years ago. But still in the year 1910 one of the Berlin coryphæus of gastric diseases wrote on flatulence and indicanuria in connection with it, mentioning that ichthyol had been thought of in such cases, but that he had no experience with it.

A generally well-known fact is that there existed, especially among the professors of the university of Berlin, a most pronounced animosity toward Schwenninger, and this may have been the reason why his original method of treatment was passed over in silence. The tone in which the Berlin coryphæa spoke of ichthyol in the year 1910 of a remedy on which there exists now a formidable literature, confirms this assumption. Anxious to learn why the American colleagues had no knowledge of the internal use of ichthyol I examined some of the popular books on materia medica, and I found in the two last editions of one of them the following remark: "It is doubtful if it is of any practical value when given internally." In another very popular American work on therapeutics and materia medica, published in the year 1909, it reads: "Ichthyol was introduced twenty years ago (1890) by Unna."

Certa amittimus, dum incerta petimus!—(Plautus.)

173 Lexington Ave., New York City.

HOME ACCESSORIES IN OBSTETRIC PRACTICE.

The obstetrician is often asked by the expectant mother, especially if she be young and inexperienced, as to the accessories, remedies and agents that may be useful or necessary during her accouchement. Here is a list of a few things which the doctor may hand the mother some days or weeks previous to her confinement. It is intended by no means as a perfect repertoire, but is only suggestive:

Olive oil, 1 lb.	Boric acid, 1 lb.
Gauze, 5 yds.	Absorbent cotton, 1 lb.
Lysol	Binders, breast & abdomen
Alcohol, 8 oz.	Safety pins, all sizes
Basins	Carbolized vaseline, 1 lb.
Towels	Powder, talcum or rice
Brandy	Rubber sheet or oil cloth
Castile soap	Fountain syringe
Cotton diapers	Binders for babe

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Medical Gleanings

Under this head we endeavor to present a Condensed Summary of Practical Medicine, drawn from the best and most reliable sources, thus saving our readers much labor in winnowing out from the chaff, medical grains of real value.

ELECTRO-THERAPEUTIC AWAKENING.

Dr. Edward C. Titus states: That electro-therapeutic methods are becoming more thoroughly appreciated by the profession in the treatment of functional derangements and diseased conditions is forcefully illustrated in a paper read recently by a noted specialist before the G. U. Section of the New York Academy of Medicine on the use of high-potential electrical currents in genito-urinary surgery. The writer cited 24 cases coming under his experience during the past eighteen months, showing quicker response and far better results than obtained by some of the older methods. The cases included epididymitis, both gonorrheal and tuberculous—vesiculitis, acute and sub-acute prostatitis, which were treated by the high-potential, high-frequency vacuum tube application—and some cases of impotentia, due to irritable prostate and deep urethral disease by means of indirect d'Arsonvalization, with partially insulated copper sound in urethra.

VERTIGO.

Vertigo usually originates in irritation of the brain and cord; those subject to attacks are sensitive to drugs, which, in excessive doses, produce this state. We should therefore give such patients only small doses (if any) of arsenic, columbo, gold, guaiac, iron, quinine, salicylates, strychnine, turpentine, acetanilid, aconite, belladonna, chloral, cocain, ergot, ether, exalgin, gelsemium, nitroglycerin, musk, opiates, phenacetin, physostigma, valerian, veratrum, aloes, ammonium chloride, copaiba, ipecac, joborandi, male fern, potassium chlorate, santonin or tartar emetic.—*Am. Practitioner.*

POPULAR FORMULAE FOR HYPODERMIC INJECTION IN HEMORRHOIDS.

Hoyt's Formula—℞ Acid carbolic, ♏lxxx; Ext. hamamelis (Pond's), Aquæ dest., āā ʒvj. M. Sig.—Inject a few drops into pile sack.

Ryan's Formula—℞ Oleum olivæ, ʒij; oleum ergottæ, ʒj; oleum cocain, (5 per cent.), 3ij; acid carbolic, ʒiss. Add the ingredients in the order named, observing to dissolve the acid by setting the container into a vessel of very warm water before adding the others. Inject from three to ten drops.

Terry's Formula—℞ Rub a dram of salicylic acid into a dram and a half of glycerin, and incorporate two drams of pure carbolic acid; to this add a dram of borax and a dram and a half of glycerin, and allow to stand until clear. A small hemorrhoid requires three to five drops, and a larger one five to eight drops.

Patterson's Formula—℞ One part carbolic acid and two parts each water and glycerin. Inject about twenty drops into the center of the tumor.

VEGETABLES AND TYPHOID.

Recent experiments have shown conclusively that a plant growing up through polluted soil will take up on its leaves germs from the soil, and that an occasional rain does not necessarily wash away the germs. Lettuce may thus be a means of transmitting typhoid fever from polluted soil, even if the pollution occurred before the seed sprouted. It is well to remember the fact that raw vegetables, unless one knows where and how they have been grown, do not carry a clean bill of health.—*Life & Health.*

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CLINICAL vs. LABORATORY REPORTS.

It is the proud contention of the profession that medicine is quickly evolving from the empirical state into the scientific. Fifty years ago we used remedies because the results obtained at the bedside showed the great benefit we could derive from them. Since the beginning of the last century, however, thinking physicians have rightly evolved the question, Why does a certain remedy affect a certain disease? There must be some relation between this remedy and the disease. With the evolution of chemistry and pharmacology, medicine made use of these sciences, and drugs were submitted to analysis to ascertain their value. As long as bedside experience and laboratory experience went hand-in-hand, the results obtained were beneficial, but when in the eighties of the last century a nihilistic tendency swept over medicine, the experimenter became of more importance than the clinician, and the purist in medicine asserted that only drugs whose pharmacological constitution showed medicinal value should be used. Thus we forgot that neither chemistry nor pharmacology is an absolute science; they both progress and new methods are invented daily. It is high time that the clinician came to his own again, and the value of bedside experience should go before laboratory researches. A physician can exist only if he has results in curing his patients, and no physician will prescribe a remedy from which he does not gain such results. The reports in reference to drugs coming from reputable hospitals should absolutely be taken as the standard. If such reports can be seconded by laboratory experiments, the value of the drug has been absolutely proved, but if the chemical and pharmacological analyses do not corroborate the reports from bedside experience, we should prefer the latter to the former.—*N. Y. Medical Journal.*

Dr. Stark, from an experience with sodium salicylate in mumps, strongly recommends five grains each of sodium salicylate and sodium bicarbonate, given in sugar and water sufficient to make one-half ounce every two to four hours.

SODIUM SUCCINATE.

The Council of Pharmacy and Chemistry has admitted sodium succinate to the honors of the officinum. Henceforth it is to be received as a fully accredited member, its union card in its pocket, entitled to all privileges and immunities of the guild. Officially it ranks as "a saline cathartic"—for which no living man ever used it—and has a claim (on not very good evidence) to an antiseptic action in the biliary tract; while "some (thousands of) clinicians claim that it is useful in combating infections of the gall-bladder and biliary passages."

That's a good deal for the Council. We always feel relieved when their pronunciamentoes are not radically wrong; and a slighting, grudging half-truth like this is above the average expectation. When a drug can not be tested on a healthy dog, and nothing is available but "clinical observation," these gentlemen are helpless.—*Clinical Medicine.*

The sounds of the fœtal heart are best heard at the end of the fourth or beginning of the fifth month at a point midway between the umbilicus and the left (or less frequently the right) anterior superior spine of the ilium.

GELSEMIUM IN PARALYSIS AGITANS.

During my study of this drug, says Dr. Pitts Edwin Hawes, I have found an abnormal condition which yielded to the gelsemium that is rarely mentioned by those writing upon this agent—paralysis agitans. Cases were reported which had been cured by this remedy alone if persisted in for a sufficient length of time. Doses of ten drops were given in water before each meal. This was continued for several weeks before any improvement was noticed. Many forms of medication had been used before trying the gelsemium, but they had all proved ineffectual.

Accepting the theory that gelsemium acts upon the motor nerves, relieving irritation caused by them upon muscular tissue, we can understand how this pitiable condition might be entirely cured by the continued administration of gelsemium.

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Notes and Queries

For this Department we cordially invite Questions, Comments and Criticisms on all Topics of interest to the Physician in his daily work for relief of the sick, thus making the Summary a valuable medium of communication between the medical profession.

Correspondents will give their names and addresses, but initials will only be printed when desired.

The queries in this issue await the Answers which our intelligent readers may be pleased to contribute for publication in our next.

SINGULTUS.

Editor Medical Summary:

I was called to see a middle-aged man who had been suffering several days with almost incessant hiccoughs. He looked thoroughly exhausted. Had tried several remedies, but only got temporary relief. I saw that he was very nervous, and could not see that it was from gastro-intestinal disease. Up to the beginning of the hiccoughs he had been comparatively well. His occupation was that of a ship carpenter, and he had been in the habit of eating his breakfast and noon-day lunch very hurriedly. I also satisfied myself that it was not symptomatic of any disease, but must have resulted from fermentative conditions in the stomach. My treatment was one drop of carbolic acid, ten drops of chloroform, and five of essence of peppermint, in a little water, every two or three hours until relieved. The next day it had disappeared, and never returned.

Another case, just dismissed, was that of a farmer seventy-four years old, who had been troubled with eructations, pain and hiccoughs an hour after meals. He complained of choking sensations when his stomach was empty, but immediately succeeding a meal he felt better. I put him on chloroform 10 drops, carbolic acid two drops in mint water, and he has been getting along fine, after having suffered for weeks. The doctor who attended him had the contents of his stomach analyzed and told him his trouble was purely indigestion, giving him bismuth, nux vomica, etc., but no good came of it. The carbolic acid and chloroform acted like magic.

D. L. Field, M.D.

Jeffersonville, Ind.

"A DOCTOR'S STORY."—COMMENT.

Editor Medical Summary:

I was pleased to see in your March issue, under the caption of "A Doctor's Story," a really good thing to show, how much the average citizen thinks of the doctor in attendance. When the pain is intense or where the life hangs by a thread, then the doctor appears as a demigod; he is looked upon as an oracle and a savior.

Upon the recovery of the patient he is still among the gods, but the lesser ones, and this continues until his bill is received. But should he want his money, and then he goes lower and lower, until his satanic majesty is a prince alongside of the god of a few months before.

Now, take the case in point. The relatives knew the cause of death of this patient. This being the case it shows that in this case at least, the relatives would prefer to blast the reputation of a worthy doctor, to ruin at one sweep the business that it had taken years to build, rather than acknowledge that Mr. X. took an overdose of alcohol; that he died of alcoholism; because some irresponsible chucklehead might point to his niece or grandchild and say her uncle or grandfather died of whiskey, or a drunkard.

We have in most of the States a law under which the doctor, if he so chooses, can clear up the diagnosis or cause of death easily and readily. The coroner or medical examiner can help, and the doctor who lets a case go to the undertaker (if there is a chance of his diagnosis or treatment being called into question) makes a great mistake, and is personally at fault, and should accept the blame and take his own medicine. Nobody cares for the repu-

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tation of the doctor except his immediate family and circle of friends, and his cash receipts show how many friends he has.

I had been treating a case of Bright's disease for about six months. The patient had several attacks, and I told his family that his life was hanging by a throad, that he might live six days or six months, that it would depend upon them and himself. His heart was bad and there was no chance for him. He had been confined to the house at times with some of these attacks. No swelling of the legs to speak of, and as they said, nothing the matter except a little "malaria." I offered them consultation, and it was not accepted. He was confined to the bed for a week with one of these "spells." I saw him about 11.30 A. M. and told the folks that he was feeling better, but to look out for him and keep him in bed. About 1 P. M. I received a hurry call that Mr. X. was worse. Upon entering the room he lay on the floor dead, wholly dressed and a letter he had been writing lay on the table.

There was immediately a lot of talk, etc., questions asked and opinions expressed, some sensible, but the most of them mere "hot air." "Yes, I had told them it would be sudden, but they did not believe it"; "he was getting so much better" and "he must have got an overdose of something." The coroner got this case quick. Fatty kidneys; vegetations in and around the valves of heart and an antimortem clot. This settled the cause of death, and it also settled all the talk; and if more of the doctors would take the "bull by the horns" there would be less talk of doctors' mistakes and less blasted reputations, and always remember that all hyenas are not covered with hair, and that all adorers are not friends, and they keep up the friendship(?) for what little personal gain it is possible for them to receive.

F. J. Davis, M.D.
1962 San Pablo Ave., Oakland, Cal.

Common white lead, the same as used by painters, is said to be a very satisfactory remedy for piles when applied locally.

Application of formaldehyde and glycerin, equal parts, is stated to be an excellent remedy for fistula.

SENSE OF TOUCH IN DIAGNOSIS AND AS AN INDICATION TO DIRECT TREATMENT.

Editor Medical Summary:

The sense of touch is one of the most valuable and, at the same time, neglected aids in refined diagnosis. The presence or absence of atrophy often decides the diagnosis and course, the prognosis and treatment. In infantile spinal paralysis the loss of power is often widespread at first. It is important to know what degree of residual permanent paralysis will be present. This is indicated by atrophy. The sense of touch, if educated by training, will settle this problem more certainly than the eye.

In appendicitis, palpitation is the first and by all means the most important procedure upon which to depend. The history of subjective symptoms in any given case may lead one toward other diagnosis; but palpation will give the keystone among the facts elicited in getting the history of the case. The degree of skill necessary for accurate palpation of the appendicial region is acquired so readily. One is soon enabled to palpate a normal appendix.

In diseases of women the sense of touch is most important in diagnosis. The finger tells the condition of the uterus, vagina, bladder, rectum—indeed all these parts, and does it so well that it becomes our most reliable guide and treatment.

The obstetrician relies wholly upon the sense of touch, not only in determining the presentation and position of the child, but the condition of every part engaged in the process. His touch tells him the condition of the depending portion of the uterus as an outlet, and also the condition of the organ as regards the power of expulsion. It determines the condition of the vagina as a parturient canal, and becomes so sensitive that it recognizes intuitively changes of conditions that will render the labor painful, protracted or difficult. If the parts show constriction with want of secretion, (pinched expresses the condition of the parts) all of the lower segments of the uterus, vagina and perineal tissues. We know we will have a protracted and difficult labor. Indication—relaxation and rest may be secured by H. M. C. (Abbott) hy-

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podermically, letting the patient rest and sleep for three or four hours. Then often the parts will be relaxed and pains will come on with renewed forces, terminating labor frequently, speedily and safely.

If in examinating we find the vagina relaxed, cervix dilated, parts moist, uterus contracting feebly, tissues loose and flacid, presentation normal, been in labor some time and becoming despondent, indicating the want of tone and power in the uterus, fluid extract ergot is the remedy. Give one dram and repeating in thirty minutes will act like a charm, giving the best results.

If during a tedious labor we find the tissues thick and doughy, with the os and adjacent parts rigid—Indication, relaxation and stimulation. A good preparation of lobelia, 20 to 30 minims, hypodermically, repeated in one hour, if needed, will promptly modify the patient's suffering and terminate labor speedily.

Wm. M. Lyday, M.D.

Penrose, N. C.

HEALTH FADS.—REPLY.

Editor Medical Summary:

I note in the May issue the reply by Dr. Brady to a part of my article on Health Fads. This seems to be due merely to a misunderstanding of terms. I should not consider the intelligent, scientific use of any form of treatment, by physicians, as a fad. It is the unintelligent use of them by the laity that does the most harm. I do not suppose that Dr. Brady would deny the fact that such unintelligent use of the open-air treatment might result in pneumonia. It is perfectly true that pneumonia is a germ disease but unintelligent open-air treatment can do more to prepare the system for the invasion of these germs, and others, than almost anything else.

We should not forget that bacteria are harmless if the system is strong enough to conquer them. If the open-air treatment is intelligently used and improves the strength of the patient it lessens the danger of pneumonia. If, on the other hand, as is often the case, it is so used as to weaken the patient, it makes pneumonia almost a certainty; not because cold produces the pneumonia, as the doctor seems to think that I imagine, but because it produces the lowered vitality that gives the bacteria the chance they need.

Ernest F. Robinson, M.D.

Auburndale, Mass.

CEREBRO-SPINAL MENINGITIS.

Editor Medical Summary:

In your April number you ask if your readers can give a treatment for meningitis? This spring there has been an unusual prevalence of epidemic meningitis in Louisville, across the river from us, but in our city of 16000 souls we have been exempt from it. It certainly is not contagious, as large numbers of our people go back and forth to the city by ferry, interurban cars, and by steam road. Hundreds of citizens find daily employment there, and are, of course, subjected to exposure. If it were contagious they would very probably contract the disease. That it is infectious there is no doubt, but it prevails in unsanitary localities.

As to treatment, while it is supporting and antispasmodic, as well as anodyne, yet the main dependence has been Flexner's spinal fluid, *i. e.,* serum. In spite of that, however, more than fifty per cent. of cases were fatal. It prevails also as the result of cold, dampness and malaria, as well as from unhealthy surroundings. We have had a long hard winter, and a cold, damp spring, but now, as the weather is getting warmer and there is plenty of sunshine, the disease has about disappeared in Louisville.

I know it will be regarded as old-fashioned, heroic and perhaps cruel nowadays, but I have cured cases in the past by stretching a two-inch fly blister from the nape of the neck to the *cauda equina;* bound it on at night, and let it remain until morning, when a hot milk and bread poultice was applied. When the blister was used, there was metastasis, and the patients recovered. I have also arrested cases of mastoiditis by the use of fly blisters. I cured a case of inflamed and enlarged ovary by repeating local fly blistering and relieving pain by hypodermatics of morphine and atropine.

I also cured more than one case of acute laryngitis with suffocative symptoms by fly

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blistering. Like venesection it has gone into a state of "innocuous desuetude," but it accomplished great results in its time, and should never have become obsolete. A physician said, not long since, that any one who would employ fly blisters now, ought not to be allowed to practice. However, with his new-fangled serums, his patients die, all the same.

D. L. FIELD, M.D.

Jeffersonville, Ind.

THE VERY BEST TONIC WE HAVE.

Editor Medical Summary:

I allude to ignatia. It will do work which no other remedy in the combined materia medica will do. I speak advisedly of the combined materia medica, as it is the duty of the progressive 20th century physician to utilize all the resources of all kinds of ethical medicine. Ignatia fills a place that cannot be filled by nux vomica or strychnine, besides being a cerebro-spinal stimulant, it has qualities as a nerve sedative and reconstructive which make it an exceedingly valuable remedy in all weak and irritable conditions of the nervous system. It should be used in many cases where the compound syrup of hypophosphites is now used, and also in many disturbed conditions of the female nervous system where bromides and chloral are now.

Let me give a case: Some years ago the minister of the church to which I belong was working himself to death as rapidly as possible. He had been working under great nerve strain for several months building a new church and doing about four men's work. He came to me saying that if he did not have something to strengthen his nervous system he would soon collapse, and his symptoms indicated that he was right. I gave him ignatia, cinchona calisaya, and dilute phosphoric acid. He met me two days afterward and said, "What in the world was that medicine that you gave me, doctor; was it anything of a narcotic or habit-forming nature?" I said most decidedly that it was not, and asked him what gave him that idea. He said, "Why, I never had anything act so quick and powerfully on my system in my life; it seemed to go right to the spot and be just what my nervous system had been craving." In cases like his some of the credit for quick improvement is rightfully due the other remedies, as dilute phosphoric acid is a wonderful reconstructive remedy for a weak and fagged-out nervous system. Ignatia is one of those peculiar vegetable remedies that will not reveal their true curative principles to chemistry. It contains a large percentage of strychnine, but its field of action is vastly different from that of nux vomica or strychnine. Its great value, which ought to be universally known, lies in the fact that it is the most powerful remedy we have to allay great nervous excitement, and at the same time give the patient permanent strength and improvement. The profession would have precious little use for the hypophosphites if they were more familiar with the reconstructive action of ignatia, cinchona and dilute phosphoric acid. This tonic will give a man the greatest assistance in building up his patients after any long and exhausting illness like pneumonia, bronchitis, continued fevers, and protracted and exhausting labors. It is an excellent thing to check the night sweats which are so common with greatly exhausted patients.

Now, if any of you are thinking of trying this remedy or the tonic, please, please, don't go and get your prescription filled with U. S. P. fluid extract of ignatia or cinchona; you will not get the results if you do. Get the specific tinctures of ignatia and cinchona, or if it is impossible to get them, get the normal tinctures.

We should always remember that for any tonic, astringent, or reconstructive action, we must have cinchona and not quinine, and a good tincture of cinchona must be made of the cinchona calisaya or yellow cinchona. Many pharmacists make it from cinchona rubra or red bark, which is only fit for the compound tincture. Cinchona and bryonia make an excellent prescription for atonic dyspepsia.

WM. M. GREGORY, M.D.

Berea, Ohio.

An ointment of equal parts of vaseline and calomel applied freely every day will heal up a chancre as quick as any other method.

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RHEUMATISM—ACUTE, SUBCUTE AND CHRONIC.

Editor Medical Summary:

The following outline of treatment for rheumatism has given me most excellent results, and I would be pleased to have the readers of The SUMMARY try it on their cases, and report results.

In both hospital and private practice, where I have had occasion to treat hundreds of cases in nearly all stages, I learned to rely on but four or five good drugs.

Salicylates in acute, colchicum and salicylates in subacute, and iodides and cimicifuga in chronic cases.

ACUTE RHEUMATISM.

A. Absolute rest in bed until convalescence is well established.

B. The sick room should be well ventilated and its temperature maintained at 65°-70° F. Draughts should be avoided.

C. Flannel blankets should be used to cover the patient.

D. Diet should be liquid and nourishing, milk being the best article of food. Farinaceous matter, skimmed milk and seltzer water, butter-milk, egg-white during the febrile and painful stages.

A regular diet of bland nutritious foods should be given as soon as possible after the symptoms have subsided.

Hot Epsom salt baths every third day, followed by a brisk rub with coarse towel will soften the tissues and dissolve the impurities in the skin. The effects of the heat alone will reduce pain, inflammation quiet the nervous system and increase the efficiency of the internal organs of elimination.

Take about two or three pounds of Epsom salts, dissolve in twenty gallons of water, as hot as you think the patient can stand it. If the rheumatic cannot walk he is lifted into the tub and remains in the solution for fifteen minutes, after which time he is well rubbed, covered with flannel blanket and put to bed.

F. LOCALLY.

℞ Tinct. opii,
Tinct. aconiti.....āā ʒiv.

M. Sig.—Put one tablespoonful of this mixture in three ounces of hot alcohol. Saturate flannels and wrap around the joints.

G. INTERNALLY.

℞ Sodii salicylatis .....ʒiij.
Sodii bicarbonatis .....ʒvj.
Sodii bromidi .....ʒiij.
Phenolis .....gr. iij.

M. et ft. chartulæ No. 12. (Dispense in blue papers.)

℞ Acidi tartarici .....ʒv.

M. et ft. chartulæ No. 12. (Dispense in white paper.)

Sig.—Dissolve the contents of one blue and one white paper in half a tumbler of warm water. Drink while effervescent. Repeat this dose every four hours.

H. After convalescence is well established give the following excellent tonic:

℞ Ferri citratis.....ʒij.
Tincturæ nucis vonicæ.....ʒj.
Sodii iodidi.....ʒij.
Aquæ .....q.s. ad ʒxij.

M. Sig.—One teaspoonful in a wine glass of water three times a day.

SUBACUTE RHEUMATISM.

℞ Morphinæ sulphatis .....gr. xij.
Atropinæ sulphatis .....gr. 6.
Mentholis .....ʒss.
Liniment chloroformi.....ʒxij.

M. Sig.—Apply to the joints with a flannel. Rub in well.

INTERNALLY.

℞ Lithii salicylatis.....ʒvj.
F. E. colchici.....ʒiij.
Sodii iodidi.....ʒv.
Syrupi et aquæ.....āā q.s. ad ʒx.

M. Sig.—One teaspoonful in milk every four hours.

Bowels are kept open with sodium phosphate.

Flannel underclothing is worn the year round.

Dampness and undue exposure is avoided as much as possible.

CHRONIC RHEUMATISM.

Epsom salt baths at home will save your patients the expense of hot springs and various mud baths advertised in different parts of the world.

Keep bowels open daily with vegetable cathartic pills.

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Massage the painful and enlarged joints with the following:

℞ Extracti arnicæ,
Extracti belladonnæ.....3iv.
Extract opii,
Petrolati .....q.s. ʒii.
M. Sig.—Massage well into the joints three times a day.

INTERNALLY THE FOLLOWING FORMULA IS HIGHLY RECOMMENDED:

℞ Acidi salycili.....3iij.
Fld. ext. cimicifugæ.....3vj.
Kali iodidi.....3iv.
Tinct. gelsemi.....ʒiij.
Aquæ .....q.s. ad ʒx.
M. Sig.—One teaspoonful in wine glass of water three times a day.

ANOTHER VALUABLE FORMULA USED IN CHRONIC RHEUMATISM IS:

℞ Kalii iodidi.....3ij.
Vini colchici,
Tinct. opii camphoratis....āā 3v.
Tinct. cimicifugæ.....3v.
Elixiris simplicis....q.s. ad ʒviii.
M. Sig.—One spoonful three times a day.

A. CHARBONNEAU, M.D.

606-7 Minahan Bldg., Greenbay, Wis.

NONDESCRIPT HOMEOPATHIC SUBSTANCES USED AS A REMEDY OR A MEDICINE.

Editor Medical Summary:

I observed under the heading of "Summary Gleanings," you say if you have made any discoveries, please report them to the SUMMARY. Now, perhaps you may not know that whenever a new theory, even to the establishing of a fact in medicine, is advanced, which is a deviation from the rank and file of the profession; from that of habit, custom, tradition, superstition, ignorance and antiquated mythology, metaphysics, of a metaphysical type, that has emanated from thousands of crack-brained subjects who escaped confinement in an insane asylum, and instead drifted into the medical profession, which upon careful examination is found to contain nine per cent. of its members who should term themselves charter members of a Devil's Science Club.

When you open a homeopathic materia medica and look over the list of over 5000 so-called remedies, and 100 of those substances hell-born in character, and over a score out of the hundred too vile, too loathsome, to be permitted to be mentioned even in obscene yellow-back literature or white slave traffic, your memory will carry you back to the discoveries of Wm. Harvey, M.D., Benjamin Franklin, Galvani, Edward Jenner, M.D., Samuel Hahnemann, M.D., Davy, Michael Faraday, Wm. Thos. Green Morton, M.D., down to Prof. Rœntgen's discovery, in 1895.

The ridicule and scoffing down to the leering grimaces and satanic smiles that are heaped upon the so-termed crazy fool who dares to produce a thought above the common universal jargon of medical rot. I realize how the profession, a perfect fool's paradise, is over-crowded with deplorable mediocre material medical doctors; or Doc. for short; for I have to deliver a message of vital import, even equal to any of those mentioned from 1619 up to 1895. I have corresponded with professors at Ann Arbor, Chicago, Cleveland, Iowa City, New York, Philadelphia, San Francisco and Washington, D. C., and while each one was backward about saying that I was right, there was one exception, that of Gias Jones, M.D., of Cleveland, O., ex-President of the American Institute of Homeopathy. He thought the article of some importance; all the others had either a cowardly or a feeble reply, something similar to, Why, I could not practice homeopathy without some such a remedy as lachesis, cantharis, medorrhinum, etc., etc.

I would cease to practice homeopathy or any other school of medicine if I could not find and use a sensible clean substance for a remedy or a medicine. My title for this article is nondescript homeopathic substances used as a remedy or a medicine. I have a list of 20 substances christened a red-letter list, then I have 80 under the head of nondescript articles. You will observe that I refuse to name them by the sacred name of a remedy or a medicine, owing to the lack of respectability being shown in the selection and the want of

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sense in not discriminating as to what should constitute a remedy or a medicine.

Even with the Council of Pharmacy and the A. M. A. this evil, crime and sin has not been brought under legal restriction. I wrote to Dr. Wiley in reference to filthy substances used as medicine, and requested him to turn his attention to the horrid curse being carried to such a frightful deplorable condition in the twentieth century of a civilized intelligence. But he chose of the two evils the easier of the two. He resigned in preference to undertaking such a monumental task of protecting the afflicted common people—the public. He could fight foodstuff, the adulteration of liquors, wines, beer, etc., but refused this vital issue of demanding a higher standardization of substances for a remedy or modern therapeutics of the twentieth century, establishing a new era for the preservation of the sick.

THEO. F. JOHNSON, M.D.

1409-11 Second St., Perry, Iowa.

TYPHOID FEVER CASES WHICH WERE OUT OF THE ORDINARY.

Editor Medical Summary:

Last summer I attended a family of five children, the oldest boy of nine years, the mother of the family having died some six months previously, all the children, beginning with the oldest, having typhoid fever. They were attacked at the rate of one about every five days until all were ill, the youngest being a little over a year old. All recovered although they were all kept at the parental home, the father a laborer in a factory, a housemaid with the aid of one of the "Little Sisters of the Poor" during the day being the nursing provided.

The first one attacked, the boy of nine, at about the close of the second week began peeling off from a severe dermatitis, not only the epidermis, but the true skin peeling off over the whole of the chest and abdomen, so that the surface was as raw as beefsteak and had to be carefully protected with soft dressings and inunctions, and his suffering was great despite all the care. He was a very patient, brave and manly little fellow though and endured it all with much less complaint than would have been expected, or than would have been justified.

As the healing of the raw surfaces progressed, boils of varying sizes, from the size of a pea to a hickory nut, and a few considerably larger, formed over the denuded parts, and over the arms and legs, and in the scalp, so that I opened from half a dozen to a dozen and a half every day for at least two weeks. He was very much emaciated, as might be expected, but made a fine recovery.

The second patient, a girl of seven years, had a similar experience as to the peeling of the skin, but not so extensively. The others were not thus effected.

Another case, a boy of 11 years, who is now at home again from the hospital, where he was treated for three weeks, is now convalescing satisfactorily, although not fully recovered. This patient became delirious about the third day of his sickness, and was as crazy as the proverbial bedbug for over two weeks, a very hard patient to take care of, for unless watched every minute he would jump out of bed and run about the ward. Before the end of the first week he was covered with the sudaminous red spots, not only over his abdomen, but over his whole body. His temperature ran from 104° to 105° F. per rectum for over two weeks, his tongue was black and dry, and he looked as though he would surely die.

These two cases are reported because of their unusual manifestations, unusual at least in my experience, which has been pretty extensive in the treatment of typhoid fever in the thirty-three years of my life which have been devoted to the practice of medicine. In all the time I have practiced medicine I never before had a case that had such severe desquamation nor any in which the red spots were so general over the body. In my experience the spots mentioned have more frequently been difficult to find in satisfactory distinctness or numbers.

S. L. KILMER, M.D.

South Bend, Ind.

Adenoids in children cause greater susceptibility to croup, laryngitis, bronchitis and pneumonia.

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New Books

All Books reviewed in this department, will be sent postpaid by the publisher of the Summary upon receipt of the price quoted.

THE NEW POCKET MEDICAL FORMULARY, WITH AN APPENDIX, Containing Formulæ and Doses for Hypodermic Medication; Posological Table; Table of Apothecaries' and Metric System of Weights and Measures; Fractures, Dislocations and Sprains; Ligations of Arteries; Hemorrhages and Wounds; Poisons and Antidotes; Miscellaneous Emergencies; Tables of Differential Diagnosis, Diet Lists for Various Diseases; Formulæ for Fluid Foods, etc. By William Edward Fitch, M.D., Editor of Pediatrics, Adjunct Attending Gynecologist Philanthropian Hospital; Assistant Attending Gynecologist Presbyterian Hospital Dispensary; Attending Physician to the Vanderbilt Clinic, College of Physicians and Surgeons, New York City, Etc. F. A. Davis Company, Publishers, Philadelphia. 1912. Price, $2.00, net.

There are quite a number of formulæ books on the market, almost all similar in their make-up. The only difference in many is in kind of formulas selected, the compiler seldom incorporating much from his personal experience. The present little book, however, is an exception to the rule, and appears to be one of the most carefully prepared books of the kind that has ever been brought to our notice. It has distinctive features not to be found in similar books; for instance, diseases are arranged alphabetically and the formulæ given under the head of the disease for which presented. A feature worthy of attention is the double system of cross-indexing, by which the reader readily refers to other sections having a corresponding relation to the disease under consideration. Still another feature, not the least important, is the clinical hints following the headings of the more important diseased conditions and the extensive table of "Differential Diagnosis" of the maladies likely to be confounded. The book also contains an excellent diet list, numbered and referred to throughout, whenever dieting would seem to play an important part. In fact, this pocket-sized book of 500 pages, on especially thin opaque paper, bound in fine flexible leather, will be found among the very best of its class, a pocket practice, as it were, and no physician will make a mistake by having it close at hand, or with him in a side pocket in his round of daily practice.

THE INTERNATIONAL MEDICAL ANNUAL. A Year Book of Treatment and Practitioner's Index. E. B. Treat & Co., Publishers, 436-438 Benezet Bldg., New York City. 1912. Price, cloth, $3.50, net.

The 1912 edition, or thirtieth year of the appearance of this standard review of medical progress, if anything, is at least, in some respects, an improvement on previous editions, as it well might be, because of the author's constant aim to improve the system for producing only the most important matter, crystallized and so arranged that it becomes immediately available for reference.

This most excellent annual is without a peer, for size and practical worth of contents. No other single volume, published annually, will keep the physician so thoroughly abreast of the times, up-to-date in all that is new in the different branches of medicine. It contains the sap of medical progress during the past year, and no one can go amiss in procuring this volume for reference. Doctor, do not waste your money by putting it into large encyclopediac works, consisting of half-dozen or more volumes in a set, as before the last of such a set appears the first has become almost worthless.

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DYKE'S AUTOMOBILE ENCYCLOPEDIA. Second Edition, Revised and Enlarged. In 40 parts, including a Dictionary, Index and 175 Charts, treating on Construction, Operation and Repairing of Automobiles and Gasoline Engines. By A. L. Dyke, E.E., Member Society of Automobile Engineers. A. L. Dyke, Publisher, St. Louis, Mo. 1912. Price, $3.00.

This is a thoroughly practical book for the busy auto owner; one that has eliminated all theory and difficult problems. Every thing is put before you in a practical and right-to-the-point manner. Here we have 40 instructions, divided into subjects such as: Assembly of a Car, Engine, Carburetors, Ignition, Magnetos, Storage Batteries, Cooling, Lubrication, all ordinary Repairs, How to Build a Garage for the Home or Business, How to Choose a Car, How to Buy a Second-hand Car. State laws of all States and Canada. Specification of all leading 1912 cars and how to tell exactly how they are constructed. Questions asked on various troubles, and their Answers; and last but not least, a complete diagnosis and remedy for all trouble the auto is heir to. Other important features of the book are the 175 large charts which it gives and which are simplicity in themselves alone. It also has a complete index. This volume contains 500 pages handsomely printed and bound.

THE STORY OF A DOCTOR'S TELEPHONE—TOLD BY HIS WIFE. By Ellen M. Firebaugh, author of "The Physician's Wife." 340 pages. The Roxburgh Publishing Co., Publishers, Boston, Mass. 1912. Price, cloth, $1.25.

This certainly is a delightful novelty in literature, "The Story of a Doctor's Telephone." It is not Mrs. Firebaugh's first book or literary attempt. "The Physician's Wife," her first book, was published by The F. A. Davis Co., of Philadelphia, almost a score of years ago. It was well received, and we are informed is in liberal demand from its publisher even at the present day.

There is no doubt about the telephone having revolutionized the doctor's life, but another close second is the automobile. Both are modern conveniences for the doctor, though while the latter is sometimes detrimental to our well-being, it may have destroyed life; in the hands of the doctor, both the 'phone and the automobile have undoubtedly been the means of saving lives, for there are times when ten or fifteen minutes saved mean much.

In this "The Story of a Doctor's Telephone," Mrs. Firebaugh supplies in a bright and original manner all sorts of incidents, comic, pathetic, grave, gay and lively. The story is very simple, but true and full of interest, so that the reader will enjoy it, especially physicians.

COMPENDIUM OF DISEASES OF THE SKIN, Based on an Analysis of Thirty Thousand Consecutive Cases with A THERAPEUTIC FORMULARY. By L. Duncan Bulkley, A.M., M.D., Physician to the New York Skin and Cancer Hospital; Consulting Physician to the New York Hospital; Consulting Dermatologist to the Randall's Island Hospital. Fifth Revised Edition of the "Manual Diseases of the Skin." 8vo. 300 pages. Paul B. Hoeber, Publisher, 69 E. 59th St., New York City. 1912. Price, cloth, $2.00.

For many years Dr. L. Duncan Bulkley has been a recognized authority on diseases of the skin, and it is fourteen years since his famous "Manual of the Disease of the Skin" first made its appearance. Now we have before us a copy of the fifth edition, a revised, much improved and brought up-to-date work before us. This book is essentially a practical one, intended for the use and guidance of the general practitioner. The text matter is followed by about a dozen pages of reliable prescriptions which are referred to in the text by number, so that no prescriptions are embodied in the text matter. This is followed by a complete index. The book is up-to-date, concise, authoritative and rational. The reputation of the author is alone a sufficient guarantee for its practical worth.

A few drops of a one per cent. solution of silver nitrate instilled into the eyes of new-born children is never harmful, and may prevent an attack of ophthalmia neonatorum.

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Summary Gleanings

An eruption resembling scarlet fever may follow the administration of quinine.

For erysipelas paint with pure carbolic acid and follow with alcohol immediately.

Sponging with a one-in-eighty solution of creosote in alcohol is excellent in the treatment and prevention of bedsores.

In laryngismus stridulus or false croup, look for adenoids, enlarged tonsils, disorders of digestion or worms.

When strong solutions of silver nitrate are applied to the eye they should be neutralized by solution of sodium chloride.

Erysipelas causes an infiltration of the tissues which has a border line that can be distinctly felt by the fingers.

A saturated solution of picric acid is very serviceable in acute eczema, but of no use in chronic types.

Measles is the most contagious of all the infectious diseases, with the possible exception of smallpox in the unvaccinated.

In fungous endometritis and in the metrorrhagia of uterine fibroids potassium iodide is well worthy of trial. It may also be tried in cases of threatened abortion.

Calcium sulphide, ¼ grain every two hours, is very useful in beginning boils, carbuncle, or in any acute suppurative condition.

Strontium bromide is highly commended by Germain-See in fermentative dyspepsia. It is distinctly less irritating than potassium bromide and is a valuable nerve sedative, while its influence on the circulation and gastro-intestinal tract is most kindly.

Sir Dyce Duckworth in the *British Medical Journal,* says that the man who withholds a remedy that has been found valuable because he does not understand its action is not a truly scientific practitioner.

Impotence is an important symptom in sexual neurasthenia. In fact, in the eyes of the patient it is the dominant symptom, and is the one thing which compels the sexual neurasthenic to seek medical advice.

Experience shows that the thoroughly ripe banana (or the less ripe fruit, after cooking), is undeserving of the unfavorable reputation which it has won in certain quarters. It forms a useful addition to the dietary, richer in nutrients and far more delicious than some of its more expensive competitors.—*American Practitioner.*

In flatulent dyspepsia, three drops of oil of cajuput on a piece of sugar or crumb of bread, taken frequently, is worth all the other antifermentatives put together. It is not only antiseptic but agreeable.—*Murrell.*

Thiersch's fluid is made up of 16 grains of salicylic acid and 96 grains of boric acid dissolved in a pint of sterile water. This is cleansing for mucous membranes, such as those of the mouth and eye, and it may be used whenever irrigation is employed for cleansing purposes.

Dr. Stark is emphatic in the belief that to give quinine to a person suffering from influenza, with severe headache, furred tongue and acute pain in the limbs, merely adds to his discomfort. He cuts the disease short in two days, he says, by giving a mercurial purge, followed by sodium salicylate, potassium bicarbonate and tincture of nux vomica.—*"Practitioner."*

Put into a tumbler about two ounces of strong lemonade, using nearly half a lemon. Pour in the desired quantity of castor oil. Just as you are ready to give it stir in about one-quarter teaspoonful of baking soda. It will foam to the top of the glass. Have the patient drink it while it is effervescing. Even the oiliness of the dose is not detected.—*"Trained Nurse."*

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The MEDICAL SUMMARY

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HEAT PROSTRATION.

Ice or cold applications to the head are almost invariably indicated. If the face is flushed, the skin red and hot, the pulse bounding and the heart acting tumultuously, the entire body should be rubbed with ice or bathed with cold water. Cold drinks are indicated. If the surface of the body is cool, use warm applications, mustard to the feet and internally hot drinks, whiskey, ammonia, etc.

THE JUVENILE COURT.

Oh, my! The wail of graft or crookedness comes to us from all sources these days, even from the charity workers and their institutions. In a recent number of *Good Housekeeping* Winifred Black gives detailed abuses imposed upon helpless children by probation officers and the juvenile courts. The writer does not "allege" what she presents, but gives it as cold-blooded, undeniable truth. It is claimed that in the city of Chicago 5,000 children are yearly declared delinquent and are disposed of in various ways. Some are sent to institutional homes and many are sent out to find homes on farms. The writer states that the time taken by a probate judge in the city of Chicago—with which city she seems more familiar—to investigate the record of a boy or girl is fifteen minutes, and most of his information is obtained from the probation officer, who too often is an ignorant or indifferent person. If what this writer states is the truth it is a very easy matter for the probation officers and the juvenile courts to separate a poor child from his parents for good and all. She asserts that, were Abraham Lincoln a little urchin running about most any large city to-day, he would run the risk of being hauled into court and railroaded off into some institution with a lot of amateur thieves and criminals. It is claimed that many children that are in no wise vicious must be associated with those of more corrupt

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tendencies. If Garfield, McKinley, Grant or Lincoln had lived to-day in any large city they would perhaps have succumbed to the probation officer.

Now the main point which the writer wishes to make is this: A sort of charity trust prevails throughout the country, and in order to feed the juvenile courts, "business" must be secured by some hook or crook. This institution is among the last which we should allow ourselves to think of becoming contaminated, and we can scarcely believe all the writer says. If, however, it be truth the limelight of publicity should be made to shine brilliantly in places so dark. Whether it is apropos or not, we are reminded of the old saw that charity sometimes becomes so elastic as to conceal a myriad of wrongdoings.

SANITARIUM TREATMENT OF TUBERCULOSIS IN PRIVATE PRACTICE.

The above is the title of a reprint article from the J. B. Lippincott Company, the author being Dr. J. H. Mudgett, a successful practitioner of Philadelphia. The writer points out certain advantages that result from home treatment, especially the fact that the patient does not do well when changed from one environment to another. Generally speaking, he should remain in that one to which he has become accustomed and attuned. The SUMMARY has often called attention to the fact that the money necessary to send a patient off to a consumptive mecca and maintain him there in comfort will give better results if applied in providing suitable home treatment.

Dr. Mudgett points out the symptoms which call for rest. They are: (1) fever, (2) hemorrhage, (3) rapid respiration, (4) rapid pulse, (5) loss in weight. The patient should remain in bed until the temperature is normal for a period of thirty days, and until there is no blood in the sputum, respiration and pulse are slowed down, and there is an apparent increase in weight. These are sensible and conservative ideas. Contrast it with the fact that thousands of poor unfortunates who, from necessity or choice, work until life has almost ebbed away!

The author also speaks of tuberculin coming more and more into use. "When carefully and intelligently administered," he states, "tuberculin, in addition to the ordinary hygienic and dietetic measures, which are now so well and so generally adopted, constitutes our greatest therapeutic resource. I use the tuberculin injection once a week in all cases, except advanced ones, even when there is a temperature of 102 or 103. In most instances tuberculin will assist nature and save the destruction of the lung."

Dr. Mudgett has also found the mixed vaccines in conjunction with the tuberculin to be of great value in reducing temperature. Each is given once a week. According to the author the best results in cases accompanied by fever were obtained from a modified form of Koch old tuberculin, made by the St. Petersburg Tuberculin Society, and known as Tuberculinum Purum Endotin. This treatment is followed with the Denny tuberculin emulsion. The doctor gives a number of reports of cases in which he shows the beneficent results of this special therapy. In conclusion, the writer says: "(1) Patients should be treated at home instead of sending them to a sanitarium. (2) Rest is the best treatment for tuberculosis. (3) Open-air method should be used when possible. (4) Tuberculin should be used in nearly all cases except advanced ones. (5) If diagnosis is made early, a large per cent. of cases can be cured or arrested."

EUGENICS.

This is a comparatively new science, dating back but two or three decades. We usually think of eugenics as the science of bettering the human race by safeguarding the conditions preceding birth. It is clear to even the humblest student of biology that many of the handicaps which beset humanity could be weeded out if certain physically and mentally unsound persons were prevented from procreating. This movement is constantly gaining strength and deserves the support of every good citizen whose pulses thrill with the instinct of race betterment. Jails, almshouses and

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eleemosynary institutions are all right in a way, but there should not be a necessity for so many of them.

The Church Federation Council of Chicago has officially endorsed the stand taken by Dean Sumner, of that city, a few months ago in announcing that hereafter all couples presenting themselves for marriage must produce physicians' certificates showing an approved physical condition before a ceremony can be performed. The Illinois Homeopathic Medical Association has also endorsed this movement, and numerous other medical bodies have the matter under advisement. Several States have by their legislatures enacted laws by which criminals and physically and mentally incompetent individuals may be sterilized, thus putting a stop to a stream of progeny which is so often vicious. An epileptic, or imbecile, or pervert may possibly produce a brilliant offspring, but it's many times more likely that the offspring will be no better than the parent. In such instances mental and physical deterioration are more common than improvement. The purpose of eugenics is to prevent people yet unborn from being improperly born.

BICHLORIDE OF MERCURY.

To asseverate that this is a powerful, two-edged agency is another case of "carrying coals to Newcastle." A fatal internal "dose" is about three grains. The symptoms are gastro-intestinal in character with nausea, vomiting and later purging if the person survives sufficiently long. Albumin appears in the urine and uremic or nephritic poisoning occurs. In case of ingestion of a toxic dose of bichloride the stomach should be promptly lavaged. Milk and eggs may be given with a view to forming an insoluble compound in the gastro-intestinal tract and also as a protection to the denuded mucous membranes. Colloidal silver is said to effectively antidote the poison if given sufficiently early.

As a local germicidal agency bichloride of mercury has during the past been employed too frequently and often recklessly. Used locally it is destructive of most pathogenic micro-organisms. Incidentally it inhibits the proliferation of normal cells. It goes after friends as well as foes. It is an unfortunate fact that promoters of remedies to prevent conception are combining this powerful agency with other drugs in tablet form. Women are learning the value of this drug as a means of cheating nature. We called attention recently to a case of death resulting in this manner. It would be better for physicians and patients alike if bichloride of mercury were not put up in lethal doses and for internal use only. As a local agency it is seldom needed.

THE TREATMENT OF GONORRHEAL URETHRITIS.

It is an old, old topic, yet it seems that we can not settle to the satisfaction of every one the best treatment for acute gonorrhea. Much is still being written on this subject, and writers are far from being in accord in any one established line of therapeutic procedure, but we believe that a uniformity of opinion is much nearer now than existed a decade or so back.

Dr. E. J. Angle in an article in May *Clinical Medicine*, gets down to brass tacks and records a good deal of his personal experience in handling this disease. Milk diet is especially recommended as well as the drinking of water in copious quantities. He urges upon the patient a restricted diet, the avoidance of condiments, acid fruits, etc. The most reliable remedies for internal use during the first ten days are, in his opinion, methylene-blue, salol, boric acid, helmitol and urotropin. After the acute symptoms have subsided the balsams are indicated, and the best of the group is oil of sandalwood. "Cubebs and copaiba," says Dr. Angle, "have been relegated to the graveyard of obsolete therapeutic agents." The usual dose of sandalwood oil is 10 minims, which can be increased to 20 in individuals with good digestion. Other sandal-oil derivatives which the writer asserts are just as efficacious and less prone to affect the digestion or congest the kidneys are santyl-Knoll, gonosan, lacto-santal and stearosan.

While oil and sandalwood is the nearest

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thing to a specific we possess in posterior urethritis, yet a valuable adjunct to it is atropine, especially in cases where urination is unduly increased or painful. The sitz bath prolonged for a half-hour and taken several times daily lessens tenesmus and the desire to urinate. Codeine may also be needed and occasionally opium and belladonna suppositories. Chordee is best controlled with 5-grain doses of monobrated camphor and the application of an ice-bag.

The writer states that with a view to destroying the gonococcus he confines himself to four silver salts, namely, albargin, argyrol, protargol and hegenom. Each preparation has its individual indications. The technique and manner of use of these agents are all-important matters. Only relatively few gonorrheal cases are suitable for abortive treatment. It is not his custom to use astringents as long as gonococci remain, and after their elimination there are few cases in which a discharge remains. The writer calls attention to the fact that the irrigation method of treating gonorrhea has passed out and also that gonococcic bacterin is entirely without value in acute gonorrhea.

TWO INSTRUCTIVE REPRINTS RECEIVED.

We have received reprints of two articles written by Dr. A. Rose and published in New York *Medical Journal*. One of these is "Treatment of Phymatiasis by Means of the Continuous Bath." By the way, reader, do you get the word "phymatiasis"? The writer reports a case of hectic fever, cough, expectoration, etc., accompanied by enormous œdema of the left lower extremity. The sputum contained tubercle bacilli, so the diagnosis was an acute miliary phthisical infection of the lungs. Continuous bath treatment for one month improved her condition in every way and the sputum at that time was free from bacilli! The other reprint is "Some New Ideas Concerning Phymatiasis (Tuberculosis)." Dr. Rose points out the value, in his opinion, of abdominal strapping in order to prevent atonia gastrica and thus conserve the tone and function of the stomach. He also states that tubercle bacilli can not thrive where an excessive amount of carbonic acid is present. Attention is called to the fact that the success of Dettweiler's treatment is mainly due to the recumbent position of the body favoring the accumulation in the lungs of venous blood which is surcharged with carbonic acid. It is pointed out that laborers in lime kilns remain immune against phymatiasis. In their case the diffusion of gases is made more difficult, elimination of carbonic acid being to a certain extent prevented. The simplest way of introducing carbonic acid into the system is by inflating the rectum with it. This procedure and the continuous warm bath are highly extolled by the writer of these articles. Doubtless these reprints may be obtained by those interested by writing to Dr. A. Rose, 173 Lexington avenue, New York.

ATTENTION TO DETAILS.

A successful surgeon remarked to the writer once that he owed most of his success to painstaking attention to details, the little trifling things that are to so many a source of annoyance. Every detail of an operation is gone over before starting it, and preparation made for every untoward circumstance that is likely to arise. Some one has aptly said that if we prepare for emergencies they will never occur. Preparation is certainly a good means of circumventing many of them. We are all compelled to give attention to a great many small matters during the course of the day or week—matters that in themselves perhaps contribute very little to our sum of happiness or wealth, yet failure to get rid of these only results in their clogging the machinery of more important affairs. Some men seem to have a knack of turning off a good volume of business and find time for many things. This is largely due to their system of handling the business, both great and small, that confronts them, and by doing what needs to be done promptly, thus opening the way to something else.

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Leading Articles

Brief and practical articles, short and pithy reports of interesting cases in practice, new methods and new remedies as applicable in the treatment of diseases, are solicited from the profession for this department. ¶ Articles contributed for the Summary must be contributed to it exclusively. ¶ Write plainly and on one side of the paper.

The Editor is not responsible for the views of contributors.

TRACHOMA.

By J. M. Leonard, M.D.

Trachoma is an inflammatory disease of the conjunctiva, due to infection, and extremely chronic in character. Undoubtedly bacterial in origin, it is most often found where people live in close proximity under bad hygienic conditions, but it must not be forgotten that trachoma is no respector of persons and may be found among the most cleanly. Trachoma is a disease common to nearly all peoples, and contrary to the old belief is found at high as well as at low altitudes.

During the past few months I have seen a number of cases of trachoma among the school children of this city, discovered during an inspection of the children's eyes by the authorities. Much of the trouble discovered was diagnosed as trachoma, and this brings us to the question of diagnosis. Developing insidiously as it does, the patient is often in complete ignorance as to his condition until chance examination reveals it. In the early stages it is impossible to distinguish trachoma from acute catarrhal conjunctivitis until the case has been under treatment at least six weeks. If at the end of that time granulations persist, together with a mild degree of inflammation, we have considered ourselves safe in diagnosing the disease as trachoma and treating it accordingly.

For a detailed account of the symptoms of trachoma the reader is referred to any good text-book on diseases of the eye. Suffice it that a positive diagnosis is justified when with a slight degree of inflammation we have granules of a sago grey color, varying in size, appearing on both lids, and persisting in spite of treatment.

Neglected trachoma may after reaching the stage of full development remain unchanged for a long time, may have periods of exacerbation, and may progress rapidly even to destroying sight. It therefore behooves us to treat trachoma vigorously and persistently. The method used in this office among the children has been as follows: During the first six weeks a 20 per cent. solution of argyrol is rubbed strongly into the lids twice weekly, in severe cases oftener, washing daily with boric acid solution. At the end of this time we begin using copper sulphate, starting with one part of a 10 per cent. solution in glycerin in fifteen parts of water and instilling one drop in each eye daily. The strength of the solution is gradually increased, cocaine being added to allay the pain as the stronger solutions are reached. When used persistently this treatment will usually clear up the milder forms of trachoma. When it proves unavailing we have recourse to the stick or pencil of copper sulphate with which the granules should be vigorously rubbed. This treatment is extremely painful and should be preceded by the instillation of four per cent. cocaine solution. The lids should be rubbed twice weekly until the granules disappear or the physician is convinced the treatment is doing no good.

Other means failing to effect a cure, we must consider curettage, rolling, manual expression, and the radical operation. The first three have the sanction of years and the merit of usual efficacy. The last has the endorsement of good surgery in that it gets rid of the diseased tissue completely and in this way offers the greatest hope of complete cure.

Space does not allow me to go into detail as to these methods, but if the readers of this magazine care for a further article on this subject I will be glad to prepare it.

Calumet and Arizona Hospital,
Bisbee, Arizona.

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THE PRACTICAL APPLICATION OF ELECTRICITY AS A THERAPEUTIC AGENT. GENERAL USES OF CURRENTS.

By J. R. Etter, M.D.

EDITORIAL NOTE.—This is the third of Dr. Etter's series of short, practical articles. Each article will be complete in itself; the entire series, when complete, will form a regular *vade-mecum* on "The Practical Application of Electricity as a Therapeutic Agent." These articles will be something different, that is, they will be presented in a different form from the general run of matter hitherto brought out on the subject in the books. No general practitioner can afford to miss a single number of THE SUMMARY containing this Series, which will run through all the present year and probably the next, and will give the technique of application minus the theory.

In this article, I will give a comprehensive view of the uses, in a general way, of the various currents as used in medicine; and, if the reader will keep the points here given in mind, he will be able to know at once what current will be most suitable for any given case, and can easily form a suitable technique. To make it more plain, I might state that there are two general kinds of currents that enter into electro-therapeutics, viz.: the steady or unbroken galvanic, and the interrupted or broken galvanic; classed with the latter is also the alternating. The steady galvanic is where there is a continuous flow of electricity through the tissues; in the interrupted, there is a flow while the current is closed, but none at all when it is open. In all cases where an absorbing effect is desired, as in enlarged glands, deposits about joints, effusions, etc., the steady galvanic would be the current indicated. The current alone may be used, but in most cases of this class medicines should be employed and driven into the tissues. This is known as cataphoresis, and the term will be often used. Then, where a mild cauterizing effect is desired, such as in chronic ulcers, chronic endometritis and other cases of this character, the steady galvanic is the one to use.

As has been mentioned, there are different kinds of currents—not really different electricity, but modifications which, by many authors, are classed as different currents. In fact, it is the best way to describe in articles of this kind the uses to which electricity may be put. If the reader will get fixed in his mind the different general conditions in which these currents are used, it will enable him to work out many of the problems in electrical treatment for himself. Therefore, I shall not minutely explain the different treatments of each separate disease, but only mention a sufficient number that it will give a guide to the practitioner in his work.

The first current I will mention is known as the steady galvanic, and its use is mainly, if not altogether, in electrolysis. This current is used where it is desired to destroy or dissolve tissue, or where it is desired to drive medicines into the tissues, and in some cases to invite circulation to a part. As an instance of its use, I might remark here that, in the removal of warts, moles and superfluous hair, the destruction of tumors, and in cataphoresis, this current would be used. It would be impossible to do this class of work with the faradic current.

The second class of currents known in medical practice, might be known as interrupted currents, and is generally of very high voltage and small amperage, which is just the reverse of the galvanic currents. Among these are the interrupted galvanic, faradic, and sinusoidal, the latter current being a combined current, and first described and named by d'Arsonval, of France, as a combination of the interrupted galvanic and the alternating magnetic currents. I have used this current more extensively, and with greater benefit to my patients, than any other one single current. There are many currents described in the books now as sinusoidal, that I do not deem come up to the standard of the original description of this current by d'Arsonval, from the fact that they are usually generated by ordinary magnetos. A short description of the manner in which this current, that I have found so successful, is generated, might not be out of place at this time. The machinery is very simple, being an ordinary rotating motor—that is, a motor with a soft iron armature revolving over the heads of charged magnets which

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generate the alternating current, the motor itself also interrupting, or breaking, the galvanic current, these two currents being carried together to the patient. It is impossible to fulfill the description of the sinusoidal current, as described by d'Arsonval, with a current generated by an ordinary magneto, as is being done in many instances at the present time. The great advantage of the current described as sinusoidal, is that we have considerable quantity as well as high tension; thus, to an extent, this current has some absorbing effect, consequently its beneficial use in strictures of the urethra and flexures of the uterus, as elsewhere described. The interruptions of the galvanic part of the current can be varied from two hundred to two thousand per minute, and of course the alternating magnetic part of the current can be increased or decreased in the same proportion. The more rapid the interruptions, the more anesthetic the effect. There are four alternations of the magnetic current to each interruption of the galvanic, in the machine that I use. The great advantage I find in this current is, there is a quantity in it much the same as the galvanic; but, of course, being interrupted at different intervals, it does not have the electrolytic effect that a steady galvanic current has, and of course there is no danger of burning the skin or making a blister as in the steady galvanic current. The alternating magnetic part of this current is of very high tension and, as other high tension currents, it has no appreciable quantity, but it acts as a sedative the same as other high tension currents; so that, in the use of this current, we get, to a certain extent, absorption, as we get from the galvanic, and we get the pain-easing qualities of the alternating magnetic, which make the currents generally used, and we do not have to first use a galvanic current, and then change off onto an entirely different current in order to ease the pain. I have thus digressed, in order that the reader may know, when I speak of the sinusoidal current in this work, what current I mean.

In the second class of currents mentioned above, I might mention the faradic, or induced, current, which is of very high tension and of scarcely an appreciable quantity; also, the static current would come in this classification. This second class of currents is generally used to exercise muscle, to soothe pain, to increase circulation in the part, and to arouse nervous action as in paralysis; so it will be seen that the two classes of currents are used for two distinct kinds of work.

By keeping these facts in view, it will readily be seen that an ordinary physician may be able to select which class of currents would be appropriate to the case in hand. In speaking of the use of currents where separate diseases are described in these articles, I will state the current that should be used in such diseases, so I do not deem it necessary to further extend this general classification.

DEMONSTRATIONS: Positive pole attracts acids; negative, alkalies. Metals are eaten away from the positive pole and carried to, or toward, the negative, as in the various modes of electroplating. It is probably due to this separation of acids and alkalies, that we get results in rheumatism and other diseases. It should be mentioned that the positive and negative poles can only be demonstrated where the current is passed through a partial dielectric. It is impossible to demonstrate that there is a positive and negative electricity, where the current is passing along a continuous metal wire.

Wireless telegraphy has upset many of the accepted theories of the past, as to the necessity of metallic conductors, and opens up anew the field of discussion as to what electricity is—is it a fluid, or a sound wave, or a what? It has been known from time immemorial that lighting uses the air as a medium through which to travel, as also high tension currents, as the spark of the static machine or the Rhumkorf coil.

Crawfordsville, Ind.

Do not skip the advertisements in the SUMMARY, Doctor.

For a quick heart stimulant to overcome a weak heart, especially if there is a pallor of the tissues, nitroglycerin will be found useful. Give 1/100 of a grain hypodermically every hour, or in desperate cases every half-hour until the heart improves.

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THE TREATMENT OF ANGINA PECTORIS.

By Israel Bram, M.D.

This disease, with its awful sense of impending death, and its frequent fatal termination, should be treated with a thorough knowledge of the causative factor and a comprehensive and careful armamentarium of appropriate medicinal agents. The first essential is a correct diagnosis. Angina pectoris must be differentiated from pseudo-angina pectoris of the neurasthenic and hysteric patient, and also from certain other conditions, including palpitation. It must be remembered that although the disease in question may attack either sex and at all ages, it is most frequently found in male adults past the age of forty. The causative factors are usually those leading to disease of the aortic valve or orifice, sclerosis of the coronary arteries, chronic myocarditis with hypertrophy and sclerotic changes within the heart muscle, obstructions in the coronary arteries by thrombosis or embolus, pericardial adhesions, etc. A very potent indirect causative factor is syphilis, which must always be thought of when confronted by a case of angina pectoris. Other indirect causes are prolonged physical exertion, chronic alcoholism, a gouty or rheumatic diathesis and chronic lead and arsenical poisoning. The tobacco habit and a hereditary tendency must also be considered.

The treatment of angina pectoris must be divided into two large divisions, *i. e.*, an attempt to remove the cause, and the treatment of the disease itself. The measures embraced in the treatment are dietetic, hygienic and medicinal, which of course are thoroughly gone into between attacks. During an attack, however, measures are used for the relief of the urgent symptoms only.

Treatment of the Attack.—An ice bag should be placed over the precordial region and the patient kept quietly in bed. Three to five drops of amyl nitrite placed on a handkerchief or piece of cotton, inhaled by the patient, often gives immediate relief. In more stubborn cases a hypodermic injection of morphine gr. ¼, combined with atropine gr. 1/100, repeated within a few minutes if necessary, usually results in relief of symptoms. However, some cases require enormous doses of the usual drugs before relief is attained. I can recall a case in which the awful paroxysms continued for three hours despite numerous hypodermic injections of morphine, atropine and nitroglycerin. This latter drug was given in doses as high as gr. 1/20 repeatedly without effect. Generally speaking, however, the ice cap, the amyl nitrate, the hypodermic injections of the aforementioned drugs and a well-ventilated room usually suffice to tide the patient over his attack.

Treatment Between Attacks.—The cause must be searched for and overcome wherever possible. In the case of the alcohol or tobacco habit, or in chronic arsenical or lead poisoning, the treatment is obvious. A gouty or rheumatic diathesis must be treated along rational therapeutic lines. A hypertrophied heart due to prolonged physical exertion should be treated by the proper amount of rest and careful dietary regulations; and a syphilitic system should be corrected by mercury, the iodides, and salvarsan.

The diet should always be light, nutritious and sensible. Such articles as create production of large quantities of gas should be warned against. The bowels should be kept regular. Fresh air at all times and hydrotherapeutic measures are highly essential as adjuvants in the treatment. Physical exertion and mental anxiety, worry, fear, etc., should be carefully interdicted. In other words, physical and mental equanimity are of utmost importance in the treatment of this disease.

In general it may be said that potassium iodide is the drug par excellence, to be used between attacks in conjunction with the aforementioned suggestions. It should be given in doses of from five to twenty grains t. i. d. according to patient's tolerance. Some patients are also greatly benefited by sodium nitrate in doses of gr. j to iij t. i. d. for its dilatory influence on the arterioles.

In conclusion I will state that there are cases of angina pectoris to be met with in private practice which are decidedly at-

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typical in nature and may exhaust the usual means before relief is accomplished.

1714 N. 7th St., Philadelphia, Pa.

THE MAY SUMMARY.

GEORGE L. SERVOSS, M.D.

The May SUMMARY is a particularly good number of a particularly good journal. The editor, in his suggestions, tells us a lot of good truths. His May musings should have the attention of every one of us. I would suggest that, in addition to his suggestion, that the doctor read much and well; every one of us should endeavor to write some for the journals. We all have something to offer which will be somewhat out of the ordinary and which will benefit our brother practitioners. He says that optimism is a great asset, and he is absolutely right. The pessimistic doctor, like all other misanthropes, never made a success out of life. Remember that Ella Wheeler Wilcox says, "Laugh and the world laughs with you, cry and you cry alone." The later version is, "Knock and the world knocks with you, boost and you boost alone." Always try and be in the laughing class. A funny story will frequently do your patient much more good than will a big dose of medicine. Don't, for goodness' sake, carry a long face into the presence of your patient.

Of course, you read the advs. in all your journals. If you do not, you frequently miss some of the best "stories" which are printed between the covers. There is a lot to be learned from the adv. pages of any publication, frequntly more than is obtainable from the letter press of the literary portion. Read the advs. by all means.

Leaving the editor to work up something equally good for the June SUMMARY, let us glance through the following pages. The leading articles are all good. Dr. J. R. Etter treats of the application of electricity in plain, everyday language, and gives us promise of some very good reading in the series of articles upon this subject, which will follow from month to month. Pelvic infection, its diagnosis and treatment, are well treated by Perisho, and his article should have the careful attention of every SUMMARY reader. We frequently fail to realize that old age presents certain peculiarities which should be given particular attention in our handling of cases occurring at this time of life, and Wolfe has brought this rather forcibly to our mind, in a short and to the point article, which we will all find of vast value. None of us care to run into any cases of placenta previa, but if we do we should remember what Hard has had to say upon the subject, as he has given us the items of interest in a nutshell, without any waste of words. Who would have thought of "salting the baby" had not Evans called attention to the importance thereof. The baby is as much entitled to his "lick" as is the young deer, or calf, and perhaps the "salting" will save father many of his nightly promenades. Who knows? Try and see. Evans' remarks on calomel are particularly good. Tom A. Williams never wrote anything that was worthless, and while he only devotes a couple of columns to hysteria, you should not pass it by, because of the seeming brevity of his paper. It is good, every word of it. Redfield, who knows drugs, and how and where to use them, promises us much of value in his series, the introductory article of which is in the May SUMMARY. Don't, for goodness' sake, miss a single one of these papers, as it will be your loss, not his, if you do. Our old friend Field gives the young man a lot of valuable information, as is always the case in every one of his articles. He says that there is no specific for any disease, and he tells the truth, but had he added that there was a specific for every indication, he would have covered the ground more thoroughly, as we, who have made a study of internal medicine, have found such to be the fact, in a vast majority of instances. He is right when he tells the young fellow not to use too many remedies; that a few well-learned will do all the work required. "The Fly" should have more attention, and we are pleased to see that DeArmand has again introduced him to us, and we hope that both he and others will continue both in "swatting the fly" and the source of his existence. We need a lot of information relative to this

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subject. Marrs "swats the quack" nicely, and in view of the Owen Bill, now pending before Congress, his remarks are very *apropos*. We should all get in line and not only "swat the quack" but the patent-medicine man and his League of Medical Freedom. The poor dupes, the Christian scientists, while interfering with the possible passage of the Owen Bill, should not be "swatted" too hard, just hard enough to make them realize that they are acting in the capacity of the cat, and being used to pull the chestnuts out of the fire. It is too bad, in this area of education, that we find so many, seemingly well-read people, following in the footsteps of the late lamented Eddy. But, as Marrs remarks, Eddyism and all the other isms are of short life, as those who follow such fantasies are never satisfied with one cult for any great length of time, and finally find themselves drifting back to the scientific practitioner of medicine.

In "Medical Gleanings," as is usually the case, we find that the editor has picked out some good little things. This department is not one to pass over with but slight attention, as it frequently embodies a lot of "good things," which are of value to all of us, no matter how much we may think we know. The editor shows in this department that he cons all of the journals with care, and we are glad that he does, as it helps us out of many a hole.

"Notes and Queries" give us many things to think about, and we are not justified in missing a single thing appearing in these latter pages of every number of the SUMMARY. Brady, when he tells us that we really *catch* coryza, is absolutely truthful. It may not be through sitting in a draft, as we used to think, but through the entanglement of micro-organisms within our breathing apparatus. Hammond, in treating of the effect of cold upon dermatitis, gives us some very good hints, and we hope that we have not heard the last from him relative to skin diseases. We know but little about diseases of this class, as general practitioners, and anything on the subject is always valuable. Again we run into our old friend Field and his remarks regarding ethics, and later, the tongue. In both of these communications he has expressed great truths in few words. How many of us are there who have not "bumped up against" the sort of doctors he mentions in treating of ethics? Too bad we cannot follow the precept of our legal brothers and disbar such gentlemen because of ungentlemanly and unprofessional conduct. A few examples of such sort would work wonders in making this class of doctors "be good." His advice about "talking too much" is particularly good. Let the doctor's acts, rather than his words, make his success. The man who expounds upon the street and in public places regarding his own personal greatness, not infrequently is to be found lacking in more ways than one. Let your work talk, not your tongue. But don't be a ninny, if anyone asks your opinion on any subject connected with medicine. Make your remarks general and not personal. Again we find that Field has a few remarks on medical journals, and I am sure that every SUMMARY reader agrees with him most heartily. "They are all good, but some are better than others," particularly the SUMMARY. The remarks on typhoid fever by both Neal and Cooper are good. This subject is one which can never be threshed out to an end, and every paper published relative to the subject carries something of interest to every internist. The different writers may not agree, but they all have something good to offer, and we should not overlook a single thing on this subject. Harman, in his few remarks regarding mastitis, gives us some pointers of great interest, and this is another communication which should be given "prayerful and careful attention." Davis asks some questions regarding a peculiar skin trouble which should evoke numerous replies, and we trust that they will be forthcoming. If we had seen any cases of this sort in our part of the country we would surely tell what we had done with them, but out here in the mountains about the only skin trouble we have is too much "tan" and too many "freckles," which have a tendency to worry the fair sex. Lake is absolutely right in his remarks regarding our extra-professional duty. No doctor should be a doctor all the while. Let him forget that he knows anything of "pills or powders" for at least a portion of the day and

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be just a simple "good fellow." The doctor who cannot refrain from "talking shop" on every possible occasion, "makes me tired" with an exceeding weariness. Every man should be a child at times, and the doctor who gets out and romps with the "kiddies," his own or those of the neighbor, not only pleases the youngsters, but increases his red blood count. Banes has given us some new ideas in the use of apomorphine. Let us try them in selected cases and report our findings in the SUMMARY. If we were to pass by those little "squibs" which the editor puts in to fill out the ends of columns, we would be doing him an injustice. Like the "Gleanings," they show us that the gentleman who *sums* for the SUMMARY is "on the job" every minute, and that he is not going to let us miss any of the good things of the medical life, through any oversight upon his part.

The "Summary Gleanings" are always good, as is the meat of the sound nut. Just a few words, but they frequently speak volumes, and we should never pass them by, simply because of their brevity.

The SUMMARY is one of the journals which has done much to pull the profession out of the state of therapeutic nihilism, through the publication of the findings of its contributors, relative to the application of drugs, in the treatment of disease. While the editor may not agree, in toto, with all the ideas expounded, I am sure that he has never refused space to a single contributor, if his views were within reason. He has not shown any narrow-mindedness in his acceptance of contributions, as all of the various schools of medicine have had the benefit of space within the pages of the SUMMARY, thus making us all much broader doctors, regardless of any possible sectarian leaning, as regards any particular school of medicine. We might say that every succeeding number of the SUMMARY was better than the one before, but I do not believe that this would be an absolute truth, as every issue of the SUMMARY is so full of good things as to make it questionable which particular one is the best. Every number is practical and that is what proves of value to the busy practitioner, who has not the time to devote to the fads and fancies with which we find so many of the journals filled at present. Brother Andrews sticks closely to medicine, and we are glad that he does, as we can get plenty of discussions on social subjects in other than the medical journals, and oh, how tired we are getting of such subjects within the pages of journals which should lead us within better lines of practice and application of those agents with which we combat disease.

Gardnerville, Nevada.

NATURE'S "SWEET RESTORER."

By D. L. FIELD, M.D.

The duties of life can be nearest performed when one is at the top of physical condition. If we habitually pass from nine or ten o'clock at night, and don't seek our rest abed before 12 o'clock midnight or 1 o'clock A. M., we must pay the penalty of violated physiological law, by enfeebling both mind and body sooner or later. Such dissipation begins to show its effects in a quicker pulse and an excitability of the cerebral and nervous system. Sufficient rest and sleep will check the ebbing tide of life. While it is a physiological fact, our vital powers gradually recede as the evening hours approach, it is therefore inevitable if we still further tax such powers unreasonably we are sure to become weakened physically and mentally. Our nerves are overstrained, our arterial circulation accelerated, and our nervous system becomes clamorous of rest and refreshment. Those who keep late hours are always at low water mark. They are sure to become victims of nervous diseases.

How many sit up till a very late hour and add to the loss of sleep of loading their stomachs with a "dutch supper," or oysters, eggs and ice cream, finally winding up with stimulants. Why? Because they feel the flagging nervous and physical powers, and resort to the worst form of dissipation to break down their constitutions and superinduce disease. This sort of habit is becoming alarmingly prevalent, and broken down nervous systems and premature physical decline are manifest on every hand. In fact, such loss of rest and sleep bring on an

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evening febrile state. It is easy to see how over-fatigue and over-indulgence in these late-hour habits should bring a feverish state. The late hours, excesses and mental worry of our public men causes many of them to suffer nervous collapse, and if any one of them is stricken with a severe illness, it is the rule that they die, most of them when they have not gone far beyond sixty years of age. They unfit themselves by their habits to withstand disease. Not only do they lose needed sleep, but are guilty of excessive gustatory indulgence at the very hours when they should be profoundly asleep. Insomnia is the ruin of public men, as their strenuous life and mental tax precludes the possibility in most cases of getting sleep even when they have "drawn the drapery of their couches about them."

Premature breakdown is the rule of statesmen. Some of such men live on to a greater age, but it is a surprise to physiologists that they do so. Generally, if they live to three score and ten they are simply wrecks. How many can say:

I love to wake at early dawn,
When sparrows "cheep,"
And then turn over, with a yawn,
And go to sleep!
In fact, I love the sweet embrace
Of slumber deep,
And heaven to me will be a place
Where I can sleep!

Another:

'Tis beautiful to leave the world awhile,
For the soft visions of the gentle night,
And free, at last, from mortal care or guile,
To live as only in the angels' sight.

Sancho Panza said: "God bless the man who first invented sleep."

Jeffersonville, Ind.

Small and frequent pulse with a hot and dry skin are indications for the usefulness of the administration of aconite.

The hot flashes that are so frequently met with during the establishment of menopause may be relieved in a great degree by small doses of pulverized camphor, say from one-fourth to one grain three or four times a day.

SOME SUMMER REMEDIES AND THEIR INDICATIONS.

By H. Hamilton Redfield, A.B., M.D.

Professor of Therapeutics in The Bennett Medical College, Medical Department of The Lyola University, Chicago, Ill. Chief Therapeutist to The Jefferson Park Hosiptal, Chicago, Ill.

Veratrine.—The official alkaloid of veratrum sabadilla (cevadilla), a bulbous plant belonging to the natural order of liliaceæ, and indigenous to Mexico and Central America. In addition to veratrine, this plant also contains the alkaloids cevadilline, sabadine, sabadinine, and a base which is known as Wright's veratrine. Dose of the standard granule, 1/134 grain.

Physiological Action.—In its physiologic action veratrine closely simulates the action of aconitine, it being an exceedingly powerful depressor of the cardiac apparatus in maximum doses, as well as a spinal paralyzer. Its effects upon the respiration are not near so marked as is that of aconitine, and it also differs from that drug in being an emetocathartic paralyzing all the motor system centrally, impairing all reflexes, but leaving sensation unimpaired. It possesses little if any action as a diuretic or diaphoretic, so far as any direct stimulation of these excretions is concerned, but by relaxing the vessels it opens the doors of exophthalmic goiter, when the action of own escape and that of all other hemic toxins.

While the exhibition of veratrine in large or excessive doses is productive of marked depression, yet its use is not fraught with any great degree of danger, as it is seldom fatal, producing free purging and vomiting before the excessive depression is manifested. When death does result from the exhibition of veratrine, it is from paralysis of the heart.

Given in small doses, veratrine produces a diminution in force of the heart, but does not at first have any appreciable effect upon the rate of the pulse. Small doses relax the tension of the arterioles, thus relieving the heart of part of its work. By this the circulation is facilitated and the nutrition of the heart muscle and and other tissue is enhanced.

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Its continued exhibition in full doses, however, has the effect of causing a decrease in the rate of the pulse which becomes soft, compressible, and with a marked tnedency to rise upon the slightest effort or exertion on the part of the patient. Muscular weakness becomes marked, and nausea and vomiting occur.

Given in large doses, the foregoing symptoms are all increased, the pulse becomes exceedingly rapid, and is so weak as to be hardly appreciable to the finger. The skin becomes cold and clammy, and debility is extreme. Vomiting is constant, the patient becomes dizzy, there is impairment of the vision, and partial unconsciousness results.

While it has been found that aconitine and veratrine closely resemble each other in their action, yet it should not be taken for granted that the one can replace the other or that veratrine can be placed in the same category with aconitine as a febrifuge. While veratrine possesses a powerful effect upon the heart, the same as does aconitine, yet it lacks the power as an equalizer of the circulation, a quality possessed to a marked degree by aconitine, which latter by its influence over the vasomotor system becomes the antipyretic, par excellence.

The most suitable sphere of action of veratrine in the acute inflammatory conditions, seems to be as an arterial and cardiac sedative, in which role it justifies its exhibition and gives excellent results.

THERAPEUTICS.—From the foregoing it would follow, a priori, that veratrine would be the indicated remedy whenever the pulse is full, strong and bounding, showing great arterial tension, excitement or congestion, sometimes coupled with nausea, vomiting, and profuse perspiration.

It should not be forgotten in aneurism, when its depressing action on the circulation is desired.

In cerebral congestions, when the patient complains of a bursting sensation in the head, the cause of these congestions often being traceable to heat, alcohol, vascular irritation, or a condition of plethora, veratrine is of the greatest service.

In the initiatory stages of cerebrospinal fever, when the onset is sudden, the congestion intense, pulse hard, full and bounding, with nausea and vomiting, veratrine should be the remedy of choice.

Fordyce Barker gives it the first place in puerperal fever due to metritis.

It is most effective in the congestive stage of pneumonia, when the pulse indications are the ones so typical of the use of veratrine, hard, full and bounding, with respiration rapid, and the patient is bathed in a copious perspiration.

It should be studied in all acute congestions of the lungs, which are sometimes met with in acute bronchitis and asthma. In these cases the fever is high, dyspnea extreme, and the pulse is the typical veratrine-pulse.

Diseases of the heart, such as endocarditis and pericarditis when the arterial tension is high, are benefited by veratrine.

Distress in the cardiac region, with an increased heart action and a full tension pulse call for veratrine.

In peritonitis, metritis, ovaritis, with a high-tension pulse, and the temperature running high; also in the convulsions of the puerperal state, when the face is flushed, and the blood vessels of the head and neck are extremely congested, it is the remedy of choice.

In nephritis, hepatitis, cystitis, pleurisy and tonsilitis, when the arterial tension is high and the congestion marked, veratrine should be studied, as it will give results that are all that can be desired.

It is a very serviceable remedy in cases of exophthalmic goiter, when the action of the heart is strong and the arterial system under great tension, as is usual in the early stages.

The action of veratrine as a reducer of arterial tension makes its indications exceedingly patent, and it should be exhibited in all cases where there is a condition of excitement or congestion of the heart, with a full, strong pulse.

Given together with aconitine and digitalin, it makes a combination unexcelled in the treatment of the acute inflammatory conditions when the pulse indications for veratrine are present. These conditions are seen at the outset of the asthenic fevers, and in these cases the exhibition of aconitine, gr. 1/134, digitalin, gr. 1/67, and veratrine, gr. 1/134, will bring about an altera-

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tion in the condition quicker and more pleasantly than any other combination that can possibly be devised.

In the asthenic fevers when the opposite pulse condition exists—soft, slow and compressible—the exclusion of veratrine from the above combination and its replacment with strychnine arsenate will prove equally effective to meet the condition.

In the dread condition, eclampsia, the *bete noir* of all obstetricians, the exhibition of veratrine has been productive of the best results, and many lives have been saved by its use. It is best given hypodermically, and should be repeated at short intervals. In these cases veratrine is best given as follows: Dissolve six granules in a fluid dram of water and inject. Repeat the dose in fifteen minutes; and continue to full physiological effect.

The more veratrine is studied, the more it is appreciated, and once its power over the circulation is realized and understood, it becomes a sheet-anchor to the physician in meeting the conditions so often found in the onset of the acute inflammatory conditions.

EMETINE.—Emetine is the principal alkaloid found in ipecacuanha (common name ipecac), a Brazillian shrub of the natural order of rubiaceæ, and containing in addition to emetine, the alkaloid cephaeline, and the glucoside ipecacuanhic acid. Dose of the standard granule, 1/67 to 1/6 grain.

PHYSIOLOGICAL ACTION.—Emetine is an expectorant, cholagogue, diaphoretic, hemostatic and antidysenteric.

Taken internally, it irritates the mucous membrane of the stomach, and the terminations of the vagus nerve, with the production of emesis.

The secretions of the bronchial mucous membranes are increased, and in small doses it acts as a hepatic stimulant, while in large doses it has the action of a cholagogue cathartic. By some observers it is said that the injection of emetine into the blood stream has a dissolving effect upon the red corpuscles.

The principal use made of ipecac or its principal alkaloid emetine, theretofore has been in the role of an emetic, it being absolutely safe, having no depressing effects though acting somewhat slowly.

THERAPEUTICS.—Emetine should be studied in bilious headaches resulting from dietary indiscretions. The action to be desired in these cases is that of emptying the overloaded stomach, a function performed by emetine in a very satisfactory manner. However, if prompt emesis is desired, apomorphine is to be given preference.

By some authorities emetine is advised at the onset of the eruptive fevers, but those of the active-principle "family" who are aware of the potency of the defervescent compound and the dosimetric trinity, together with the intestinal antiseptics, saline laxative and calcium sulphide, will take issue with these exponents of an "ipecac vomit" in the early stages of those diseases. The "clean-up, clean-out, keep-clean" system will give better results than can ever be obtained by emetine for inducing emesis.

In dysentery the exhibition of emetine with copper arsenite, in connection with rectal flushings with silver nitrate, is the best system of treatment. If there is a decided susceptibility to the influence of emetine on the part of the patient, give the granules dry on the tongue, and have him lie flat on the back for half an hour after each dose.

In catarrhal jaundice when the seat of the trouble is in the bile-ducts, emetine should be exhibited with chelidonin, juglandin, collinsonin or chionanthin in accordance with the indications. It lessens the viscidity of the mucus, which has been occluding the ducts.

It should be studied in cases which show a marked and persistent nausea, where the tongue is clean or only slightly coated, salivation and emesis are present, the latter affording no relief. This condition of constant nausea and vomiting which is productive of no relief is often met with in cases of chronic catarrh of the stomach, gastric indigestion, and other stomach derangements arising out of improper indulgence in rich foods, pastry, confectionery, ice cream and other delicacies.

Emetine is of great service in the vomiting of alcoholism, also in some cases of the vomiting of pregnancy.

These patients, as a rule, show a tongue slightly coated if at all, face pale, mucous membranes of the mouth moist, some sali-

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vation, and complain of a feeling as though the stomach were sagging down all the time.

It should be remembered in enterocolitis or any catarrhal condition of the intestional tract, and in all cases of green watery stools, the slimy dysenteric stools, or those which have the appearance of fermented yeast.

Emetine proves its sterling worth at the onset of those diseases of childhood incident to the second summer and which fill the heart of the anxious mother with anguish and despair. In the majority of these cases a history of improper diet will be elicited. The little patient is emaciated, face hollow and expressionless, lips are blue, skin is cold and clammy, dark circles are seen under the eyes, the fontanelles are depressed, there is muscular twitching during sleep, and the child lies prostrate in a comatose condition; the stools are thin and watery and contain quantities of slimy green material, while the odor is musty and stale.

In cholera morbus, when the characteristic cutting pains which run from right to left across the belly, but are worse in the region of the umbilicus, are present, emetine has been a life-saver in many instances.

It should be remembered in the dysentery which appears in the autumn when hot days are followed by cool nights.

It is useful in bronchitis and other diseases of the respiratory tract during the irritative and inflammatory stages, when there is an increase of the secretions. The attack usually commences with sneezing, dry cough, spasmodic in nature, dyspnea and an asthmatic type of constriction. The patient has great difficulty in breathing, and wheezes and coughs, the cough terminating in a profuse expectoration of mucus.

It has given good results in pertussis when exhibited during the catarrhal period. The child cannot get its breath, the face is livid, the limbs are rigid, and there is strangling, gagging, epistaxis and vomiting.

In hemorrhage of any description, either the passive or active, when the blood is bright-red, and there is constant nausea, emetine should be given a trial.

It is the remedy of choice in headache when the patient complains of a feeling as though the bones of the head were bruised. There is a pain extending from the tip down to the root of the tongue, and the pain in the head is usually unilateral; the face is pale, corners of the mouth are drawn, blue rings are about the eyes, and the nausea is extreme and constant.

In those cases of intermittent fever where the patient has taken quantities of quinine, the fever is intense and the chill moderate, while the nausea and vomiting are constant, and prostrating, emetine proves effective.

622 W. 71st St., Chicago, Ill.

(To be continued.)

HEREDITY A POTENT FACTOR IN PATHOLOGIC CONDITIONS.

By W. M. Alter, M.D.

Amidst the rapidly changing theories of the last half century, it is gratifying to note that one scientific fact is becoming obvious to the minds of most observers, and that is the fact of heredity. As a potent and you might say almost inexorable factor in a large per cent. of pathologic conditions, we at present cannot estimate the per cent. of the different diseases to which this dreadful fiat lends its fatal blight, until further observation enlightens us more clearly in regard to this dark enigma; but among the many things we have learned which is not true, we have also learned enough of facts which throws a solemn responsibility on us in regard to protecting the anti-natal generation from being handicapped with predisposition to disease, and I will say, also to crime; for it is through the channels of generation that criminal proclivities are transmitted to unborn generations.

I have for some years back called attention to these facts through the press, and am very much gratified to see even some ministers of Christ pointing out these truths.

Now, taking this view of this momentous subject, look at our responsibilities.

While the proper treatment of this is medico-political and should receive the at-

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tention of all sound statesmen through which this prophylactic measure must be promoted through the proper regulation of marriage relation, I conceive it to be the duty of medical men to instruct the people in this important part

Not in the manner sought by the "Owen's bill," nor the "Arkansas State board of health bill," which was stolen before it received the seal of legitimacy. No, I regard such legislation as tyranous and calculated to retard the true advance of medical science.

The people have the right to the benefit of applied science along the lines I have mentioned, and these facts should be brought well into the range of the ordinary comprehension, as a matter of education, so that the aspirant for nuptial joys may be able to intelligently remove all deliterious conditions from the channels of generation, through which his progeny is to enter the stage of human action.

While the method I suggest here as a preventive of disease and crime, need not stop our effort to ameliorate the condition of the afflicted and prevent as far as possible adverse surrounding conditions from calling into activity hereditary criminal and disease tendencies. This, of course, would require the development of a proper politico-economic system under which could be allowed the proper wants of normal humanity. This would soon obliterate crime and disease, and man would finally be able to obey the command of Jesus Christ, enunciated in what we call the "golden rule," and thus live in harmony with God's holy law, which embraces the great laws of nature, which governs our racial destiny.

Reader, do not think that I wish the profession should stop using the means placed here by our God to use as medicine in healing the sick, and mitigating the sufferings of the afflicted. No, we should seek out all the means He has provided and develop the science of healing to the greatest extent of our power, seeking revelations of nature's secret through proper scientific methods.

This course in conjunction with the antinatal treatment I have mentioned above will in a generation or two bring grand results to our race.

I believe it is a duty we owe to our Creator, to our race, and especially to the present period to direct the activity of the great reform movements in human affairs to the proper discrimination to knowledge along the line I have imperfectly discussed in this article.

By doing this we may keep those who wish for selfish motives under the cover of ambiguous verbiage from using the people and their servants to place them in the power of a medical tyranny.

Yours for the promotion of the true medical science.

England, Arkansas.

OPTIMISM CONCERNING THE EXISTENCE OF BEDBUGS, AND PESSIMISM CONCERNING DARK BEDROOMS AND CARPETS.

By A. Rose, M.D.

Leibnitz in his Theodicee demonstrated that this world is the best world, notwithstanding apparent imperfections the whole is perfection. Baumeister has written a *historia doctrinae de optimo mundo;* Kant has shown the failure of all philosophical attempts in the Theodicee; Voltaire in his *Candide ou l'optimism* has ridiculed the doctrine of optimism with grotesque sarcasm. Anthony Comstock, if he has not done so, will place this book on the *index librorum prohibitorum;* and Schopenhauer has founded a system of pessimism. The history of philosophy reminds us of a grave yard where every philosopher has written on the tombstone of his predecessor *hic jacet stultus!* We medicine men have the principle *de mortuis nil nisi bene,* therefore I have no fear when I speak in favor of the existence of bedbugs.

In a German city there lived a widow who supported herself by letting lodgings. A young mechanic rented a furnished room from her, lived in it for a time, became sick with pulmonary phthisis and died from this disease. A second young man then occupied the same room, and likewise contracted, and died from, consumption. And so it happened with a third occupant of the

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fatal room. A physician who attended the last of these three persons, on hearing of the preceding cases, examined the room, and found it infested with bedbugs. He made a microscopic examination of these vermin and found they were carriers of the tubercle bacillus.

We read much about the fly as a carrier of disease germs ,but very little is heard of the bedbug as a dangerous insect. For the presence of this syntrophos, as well as of another companion, the lous, there must be a *raison d'être*. It indicates unsanitary conditions, and the extermination of these insects is a most important matter, and from the optimistic point of view we may consider the presence of bedbugs as a blessing when it induces people to observe more cleanliness. And a greater blessing it would be if the board of health instead of confining itself to the routine disinfection in cases of contagious diseases in general, would insist on the extermination of bedbugs and thus secure cleanliness, the first condition of health. The ordinary general disinfection will not affect the bedbugs.

There exists a great industry to raise millions of dollars for the purpose of exterminating phymatiasis (barbarously called by the hybrid name tuberculosis), and there are congresses in Washington and in Rome to treat on this question. The literature on the subject is so immense and all what we have learned is that we cannot protect ourselves against invasion of tubercle bacilli, nor, what is more important, against development of phymatiasis, after such invasion, in case we are subject to predisposition.

The treatment of phymatiasis remains as it was before the period of bacteriology in medicine, namely, in changing the nutritive soil, in invigorating the constitution, in order to develop power of resistance until the bacilli have been eliminated. The results obtained under favorable conditions, as for instance in proper institutions, which we may call *therapeuteria* or *iatreia* instead of sanatoria or sanitaria, are by no means so satisfactory that we have no need to look for still better and additional methods as long as we have not found the curative serum and as long as we are unable to secure accommodation for the majority of sufferers from phymatiasis in proper iatreia or therapeuteria.

In different medical journals at different occasions I have spoken of two remarkable English-American institutions which favor the development of phthisis, and if Leibnitz had known them he would not have said that everything in this world is for the best; I mean the dark bedroom and the carpet nailed on the floor. The public should be educated to abhor both these evils as well as that living in the basement. How can the hopes, the promises of exterminating phthisis be fulfilled as long as the carpet is nailed to the floor, thus preventing cleanliness and affording a fortress in which germ-conveying insects can impregnably entrench themselves, so long as millions of poor devils are deprived of light and air in their dark bedrooms; so long as bedbugs, lice and other germ carriers are not exterminated as well as flies? Let me emphasize the dark room question: The exclusion of light, pure air and sunshine from living apartments, especially in buildings facing on narrow streets, means inception and prevalence of disease among the tenants, increasing progressively with the age of the building. How luxuriantly must phthisis, the bedroom disease, flourish in such congenial environment!

Dr. A. Suderum, the expert sanitary officer and statistician, came to America about a year ago; during his brief stay among us he compared housing conditions in German cities with those in the United States, and found that Germany has advantages over us by reason of the greater power of her public opinion, that there are things customary in America which would not be tolerated in Germany.

One night I was called to a town in Westchester county of 5,000 inhabitants. I had missed the last train and asked a watchman to bring me to a hotel. He not only brought me to a hostelry but even gave me a room without having disturbed anybody in the house. This room had no window, and for the first time in my life I had to sleep in a dark bedroom. Remarkable seemed to me the circumstance that the building stood on a large square. I could not recollect having ever seen or heard of a dark bedroom in Germany, and now, af-

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ter having spoken so much against them in this country, I investigated the matter.

Reichs Archiv-Rat Dr. Striedinger, of Munich, had the extreme kindness to send me the following informations, together with a volume containing the building laws for Munich. A uniform building law for all parts of Germany does not exist; however, such a uniform law does not appear desirable on account of the different conditions in different sections of the empire due to climate, building materials and history. It is not even required that a federal law (Reichsgesetz) should establish the sanitary demands in regard to the limit of what is to be observed in building, because there exists no part in all Germany in which not such a minimum of absolutely necessary precaution is not already demanded by law, and there is no fear that such demands should be reduced anywhere. Throughout Germany it is indispensible that dwelling rooms and sleeping rooms must have at least one window which leads in the free open air. To prove this, Dr. Striedinger writes: "I should have to send the thousand different official books giving the building laws of the different states, provinces, precincts, cities and towns. This being impossible, I confine myself to mail to your address the building laws of Munich. Permit me to say that these laws are the best, based on the most modern principles, and at the same time the strictest of any. In most other large cities the ordinations are somewhat milder, but the difference is insignificant, and in the principles there is uniformity."

I beg to quote now from the *Muenchner Bauordnung*, published in 1911: "All rooms to be inhabited or occupied, by persons, such as dwelling and sleeping rooms, work shops, kitchens and water-closets, as well as staircases, stables and wash kitchens, must have at least one window, of sufficient size and of suitable situation, which leads in the free open air. Rooms destined to be occupied by a larger number of persons or in which a greater contamination of air takes place, must have special arrangements to secure sufficient change of air."

Whatever the misery in the overcrowded dwellings of the poor working classes in the large German cities may be—and it is perhaps greater than the misery in the quarters of the same classes in large American cities—one fact is positive: *There are no dark bedrooms in Germany!*

173 Lexington Ave., New York City.

REMEDIES FOR HYPODERMIC USE.

By J. A. Burnett, M.D.

Melilotus alba with equal amount of water can be injected hypodermically in trifacial neuralgia and will give quick results. It does not have to be injected into the nerve, but in the vicinity of it. One writer states that it is generally believed that there is little or no difference in the therapeutic action of melilotus alba and melilotus officianalis. It is said that if one has a headache pain in the chest, stomach or anywhere else, that yellow melilot will relieve it in five minutes. This applies to the internal use of the mother tincture. Likely the hypodermic use would be of still more value. The homeopaths use yellow melilot in nose bleeding, congestion, furious neuralgia, headache, hemorrhage, mania, delirium tremens, etc. It is a remedy that deserves further investigation, especially its hypodermic use in painful conditions.

Achillea millefolium has been used hypodermically with good results in menorrhagia of passive character in urinary suppression, from capillary obstruction, and in chronic leucorrhea. Dr. Frank Webb reports a case of menorrhagia that had resisted the internal use of several well-known drugs, including the internal use of achillea, that was relieved by two hypodermics of achillea given one hour apart. When he gave the second injection the flow was greatly reduced, and the next day it had entirely ceased. Dr. Webb prefers Boericke and Runyon's aqueous achillea in preference to all others for hypodermic use, as it is painless. He usually begins with one dram and then uses 30 drops every four to six hours for two or three doses. He injects it into the thigh. He says it never fails. In one case of urinary suppression in an old man who was in a state of coma, two injections

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of 30 drops each of achillea was injected hypodermically half an hour apart, and in less than an hour his kidneys began to act and his life was saved.

I feel safe in saying that the hypodermic use of achillea would be of great value in cases of malarial hematuria when there is much blood from the urinary organs. The above experience with the hypodermic use of achillea proves the value of hypodermic medication over all other modes of administration.

Serpentaria is a drug not so very well known. The therapeutic uses of aristolochia serpentaria is not very extensive. When there is marked torpidity of the skin, especially of the sudorific glands, at the onset of a fever or in any torpid condition of the circulation, the hypodermic use of serpentaria gives quick and permanent relief.

Geranium maculatum is a good astringent. The hypodermic use of geranium is good in dysentery in 15-drop doses once a day. It should be given when there is no fever or when the fever begins to fall. Likely it would be of great value in hemorrhage in typhoid fever; at least the hypodermic use deserves a trial in such cases. Geranium has been injected into hemorrhoids of a venous nature and into nasal polypi, but must be used with great care in such cases. We need a hypodermic preparation of geranium.

Thuja occidentalis is a useful remedy. Two or three injections of thuja into venereal warts causes them to fall out and never return. It is of much value when injected into some variety of pile tumors. I do not know whether thuja has been injected into the circulation for systemic effect or not, but it is very useful when injected into various growths.

Gelsemium sempervirens is a remedy that can be used hypodermically for the same purpose that it is given internally, but the hypodermic dose must be carefully regulated or bad results may occur. It is a remedy that is not really suited for hypodermic use when it can be given by mouth. In other words, its hypodermic use has no advantage over its internal use to any great extent that would make it a popular drug for hypodermic use, considering its toxic action; however, there seems to be quite a difference in opinion in regard to its toxic action.

Phenol is a drug that has been used hypodermically for many years, but still has not drifted into very general use. Bartholow, in his book on "Hypodermic Medication," gives the following formula for the hypodermic use of phenol:

℞ Phenol c. p. .....gr. x.
Aqua dist. .....℥j.

M. From 15 drops to one dram can be injected. This causes a smarting which declines rapidly and is replaced by a local anesthesia and analgesia for some distance around the puncture. These injections have proved to be of value in erysipelas by injecting five drops just at the margin of the inflammation in several places two or three times a day. The injections have been made in cases of synovitis, white swelling, adenoma, bubo, fibroma, etc., with beneficial results. In ulcers resembling epithelioma this solution can be injected so that it will come in contact with the tissue immediately adjacent to the diseased tissue with good results. They are also of value in acute articular rheumatism when injected about the affected joint, and are of value in chronic rheumatism, myalgia, neuralgia, grip, etc.

Phenol has been injected into boils before the formation of pus to abort them. Equal parts of phenol and glycerin injected into pile tumors causes them to slough off. A pile clamp should be placed on them before the injection. A weak solution of phenol can be injected into pile tumors, which causes them to shrivel up and disappear. Some consider the hypodermic use of phenol equal to diphtheritic antitoxin in many cases of diphtheria. The hypodermic use of phenol no doubt acts as a systemic antiseptic and is of some value in septic conditions.

NOTES ON HYPODERMIC MEDICATION.

It is well known and generally admitted that the hypodermic mode of administering remedies is the most perfect mode of application known.

When giving hypodermics, in many cases it is best to produce local anesthesia with an ethyl chloride spray before the needle is inserted, as many patients are afraid of

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hypodermic injections. Again, much pain produces prejudice against hypodermic medication. As a rule it is always best to use the ethyl chloride spray when irritating or painful drugs are used, such as nuclein, alcoholic solutions and similar agents. Of course, all irritating and painful drugs should be avoided as much as possible, as they cause prejudice against this form of medication. But when conditions demand them a little pain produced by the hypodermic injection should not be considered.

According to my opinion, the intervals between hypodermic injections should be made as far apart as possible, for several reasons. If given too frequently the patient may become disgusted with the treatment and ask for some other mode of administration. If given very often it would require the aid of a nurse, which could not be obtained in many localities. If the injections, especially in chronic diseases, could be arranged so they could be made only once in 24 to 48 hours, the physician then could make them himself and it would be done in the right manner and most patients would appreciate it much more.

The laity need not become familiar with the hypodermic syringe, as this mode of application requires some skill and should be done in a correct manner or not done at all. Of course, there are some conditions, as in acute cases in which the injections must be frequently repeated, but as a rule in chronic cases they can be put out at longer intervals. It is a well-known fact that the action of many drugs when given by stomach are antidoted by the contents of the stomach either by physiological action or chemical reaction.

There are various references in medical literature of the danger of a small amount of calomel being converted into a bichloride by an excess of acid in the stomach. Whether this is true or not most all physicians combine calomel with sodium bicarbonate almost every time, and again any experienced physician knows that when the combination is made there is from some cause less salivation following the use of the combination than calomel alone.

When iodine or the iodides are taken after meals, when much starchy food has been eaten, a portion may be converted into an iodide of starch by chemical reaction. It is stated that hogs' lard is an antidote to nux vomica and its alkaloids. Potter mentions this. If such is the case, what is the use of giving nux or its alkaloids to a patient that is eating much hog meat or using lard in his food? These are only sample reasons; others could be given, but this is sufficient to call attention to this overlooked topic.

By hypodermic medication the chemical antidote can be avoided, which is one advantage hypodermic medication has over the stomach route. Some remedies when injected hypodermically have a tendency to run out at the needle hole. In all such cases the puncture in the skin should be sealed with flexible collodion. I notice that most alcoholic solutions are inclined to leak out at the needle hole, and often when large quantities of fluid is injected it will in some cases leak out, especially if the patient gets in a position as to cause pressure in a way to force it out. When it gets started to leaking out it most always all comes out unless sealed up with flexible collodion or similar preparation. Most physicians are entirely too careless with hypodermic needles. No needle should be used unless it is aseptic. Each time after a needle is used it should be sterilized. Diseases can be communicated by hypodermic needles which would be carelessness or ignorance on the part of the physician. Some physicians are in the habit of holding the needle over a burning lamp or match until it is red hot in order to sterilize it. This will sterilize it, but it will ruin the needle, and cannot be recommended. A needle treated in this manner may break off in the patient, which would not add anything to the physician's reputation or elevate his estimation on hypodermic medication. A needle should be sterilized the same as any surgical instrument.

Some solutions that are used hypodermically are hard on needles and have a tendency to cause them to rust. We have special preparations now on the market for lubricating hypodermic syringes and needles which will keep them aseptic as well as in good order. Some of these solutions can be injected without any harm.

Marble City, Okla.

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Medical Gleanings

Under this head we endeavor to present a Condensed Summary of Practical Medicine, drawn from the best and most reliable sources, thus saving our readers much labor in winnowing out from the chaff, medical grains of real value.

GALLSTONE COLIC.

Dr. J. I. Cawley, of Spring Haven, Pa., says: Talking of gallstones reminds me of the fact that these formations may often be prevented by prescribing a liver invigorator. A liver which is performing its function properly, accompanied with natural bowel movements, will seldom permit that decomposition of the bile and precipitation of the salts which result in the formation of concretions, so-called gallstones. "Gallstone colic" may be accepted as good evidence of the presence of hepatic insufficiency, or the liver may be enlarged in all directions and abnormally full of blood. The condition is usually accompanied by a slight jaundice, and a faulty elimination from the system of nitrogenous waste matter. It is a rational procedure, therefore, to administer an alkaline eliminant, to stimulate the hepatic function and restore a clean canal in which the process of absorption takes place. I have found also that minute doses of calomel, say 1/10 grain, every hour until bile is discharged profusely is a great aid in keeping the duct clean.

REMEDY FOR POISON-OAK OR POISON-IVY.

A hot solution of potassium permanganate made strong enough to be quite dark, rubbed in so as to reach the poison in the vesicles, is effectual. If the skin is broken, the solution should be quite dilute, and may be applied by means of a compress. The stain may be removed by applying a solution containing a mixture of oxalic acid and sodium hyposulphite, freshly made, say a tablespoonful each of oxalic and hyposulphite to a pint of water.—*Life & Health.*

MEDICAL CHIPS OF PRACTICAL VALUE.

Will Marry Healthy Only.—It is stated that two hundred clergymen in Chicago have approved of the suggestion of Dean Sumners that a health certificate as well as a marriage license be demanded from those desiring to marry, and have passed a resolution urging pastors throughout the country to direct their energies toward influencing public opinion to endorse the plan.

Neosalvarsin.—The advantages of neosalvarsin over salvarsin consist in its easier solubility and its absolutely neutral reaction; the patients stand it better, and it can therefore be given in larger doses; the results are equally good; and, finally, it is better adapted for intramuscular injections. —*N. Y. Medical Journal.*

How to Use Echinacea.—Echinacea to be of service must be given in appreciable doses, and in that respect I think it differs from most other drugs. I use it either hypodermatically or in the nonalcoholic fluid extract form. In typhoid I use two drams to four ounces of water, teaspoonful every hour, and have never yet seen a patient delirious where it was used.—*Dr. Sink, of Smithfield, O., in C. Med. & Surg. Reporter.*

More Manhood in the Profession—that's the greatest need. If we could only cultivate more bigness of character, more respect for cleanness of living, more sense of individual responsibility as to the results of our work, more respect for the honor and honesty of other men, we should save a lot of time now lost in jealousies, bickerings and hatred. Let us get together like men, instead of fighting among ourselves like brutes.—*Medical Standard.*

Sunlight the Best Germicide.—Dr. William Brady, of Elmira, N. Y., in the

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New York Medical Journal says: Sunlight, the best germicide known to medicine, costs nothing. Cold fresh air, the best tonic in the world, is free to all. Only the housed up mollycoddles need blood purifiers in the spring. No one ever caught coryza or pneumonia out in the open. These are house infections. No more domesticated germ exists than the pneumococcus.

TINEA VERSICOLOR.—A 25 per cent. solution of sodium hyposulphite will cure any and every case of tinea versicolor, says Dr. A. M. Wilson, of Kansas City, Mo., in the *N. Y. Medical Journal.* I have had a very large and extensive experience in the treatment of the disease under consideration and have never had a failure with the agent mentioned.

LOBELIA IN ASTHMA.

Dr. Vance, of Somerset, Ind., in a late issue of *Ellingwood's Therapeutist,* says: I recently surprised myself and my patient a great deal more, when on being called to a very severe case of asthma, with all the disagreeable symptoms exaggerated, I administered a hypodermic of 30 drops of lobelia. Almost immediately the patient had relief. The benefit was marked right from the first. After half an hour I gave 15 drops more, and the patient laid down and slept as quietly and as naturally as ever in his life.

THE X-RAY.

In the few years gone by, we have found that the x-ray is not a cure for all diseases that it has its good results in the therapy, as it had many failures. The failures, being due to zealots, who treated everything everywhere, without making the proper diagnosis; without the knowledge of the pathology of the respective lesions, using the rays as a leading fad, instead of an accessory to already known methods, and injuring the permanency of its hold on the really scientific opinion of a good and honest man. At the present time, however, the x-ray treatment is on a safer basis, and what it has lost through the desertion of the faddist, with their so-called "burns," etc., it has gained through the accession of many workers who use the Roentgen rays as a means of therapy in suitable cases only, getting now far better results from their systematic and proper application.—*Dr. Rudis-Jicinsky, of Cedar Rapids, Ia., in Medical Brief.*

PINEAPPLE JUICE.

It is stated that the juice of the fresh pineapple has been successfully used in quinsy. When the abscess has formed, and the overlying tissues have become damaged, the juice readily digests them, opens the abscess without pain, obviates the use of a surgeon's knife, and shortens by several hours or days the period of misery often endured by the timid person who is afraid of a surgical operation. In cases where a boil has come to a head, and the patient is afraid of the knife, the application of fresh pineapple pulp will cause the tissues to dissolve, and give relief in a short time.

ENEMA IN GASTROENTERIC DISEASES.

Charles J. Drueck, of Chicago, Ill., gives a resume of the value of the enema and its proper method of administration in diseases of the gastro-intestinal system. It is in reach in every household, is without danger when given properly, is prompt and positive in its results, and of value when indications are correct. He gives simple enemata of a small amount of cold water in constipation, to stimulate peristalsis. They are better for this purpose than warm ones. It is of value in reducing temperature; also removes decomposing materials, and benefits the portal circulation. The hot enema is useful in treatment of pelvic inflammation; it increases blood-pressure, accelerates the heart action, and stimulates the kidneys. It is especially valuable in the treatment of pseudomembraneous colitis. Hot irrigation is useful in inflammation of surrounding tissues, rectal ulcer, spasm of the sphincter, and gynecological diseases. In cholera infantum and cholera morbus the hot enema removes irritation and infectious materials, and stimulates the heart. In colitis and chronic diarrhea, peritonitis, and typhoid fever it is of value.—*Medical Record.*

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Notes and Queries

For this Department we cordially invite Questions, Comments and Criticisms on all Topics of interest to the Physician in his daily work for relief of the sick, thus making the Summary a valuable medium of communication between the medical profession.

Correspondents will give their names and addresses, but initials will only be printed when desired.

The queries in this issue await the Answers which our intelligent readers may be pleased to contribute for publication in our next.

THE PUERPERIUM.

Editor Medical Summary:

After the completion of the third stage of labor the physician should make a physical examination of the pelvic floor, and if any injuries exist they should be repaired at once if possible. Primary union is the rule; should it not take place the patient is more satisfied as to your having done your duty and is willing to have a secondary repair at the end of ten days.

During the active labor pains the patient usually perspires very freely, and the few clothes covering her body becomes wet and damp. Dry clothing and pads should replace the soiled ones as soon as possible in order to prevent a chill. Extra covering should be placed over her and a hot water bottle applied to her feet will make her more comfortable.

I always apply an abdominal binder unless objected to by the patient, as the relaxed abdominal wall will involute better and also obviates the sudden filling of the abdominal veins. I always have an assistant (the nurse or an attending friend) keep her hand on the fundus of the uterus until the binder is applied, thus preventing the accumulation of clots in the uterine cavity and lessen the number and severity of after-pains.

The patient is allowed to assume the lateral position at will as a prolonged dorsal decubitus tends to produce posterior displacement. She is allowed the use of the vessel in bed from the beginning, thus avoiding pelvic congestion and favoring uterine drainage. I have observed the less clots voided the fewer after-pains. No vaginal douche is given unless there is some special indication for it; the vulva is bathed with some antiseptic solution or sterilized water after voiding her urine; all pads placed to the vulva should be sterilized, as there are more or less abrasions or injuries to the tissues, and should require the same care and cleanliness as a wound in any other part of the body. After-pains cause a great discomfort to the patient; they occur most frequently in the multipara, very frequently associated with the formation and expulsion of clots; they also appear in some cases when the child is placed to the breast. After-pains may be lessened in number and severity by administering specific macrotys, giving a half dram or a dram to four ounces of water of this, a teaspoonful every one or two hours as needed. It assists uterine involution and can be given during the first week or ten days of the puerperium, until the red color of the lochia disappears.

Until the secretion of milk appears in the breasts the baby should be placed to the breast at intervals of four hours, afterwards at intervals of two hours during the day and once or twice during the night. As a rule the baby should not be placed to each breast at one nursing, but to them alternately, thus giving the nipples as long a period of rest as possible. During the intervals of nursing the nipples should be covered with aseptic gauze, the mother should be forbidden to take hold of her nipples with her fingers. If abrasions occur the nipple should be bathed after each nursing with some harmless antiseptic solution like boric acid, and then painted with compound tincture of benzoin. If fissures occur, the same treatment should be followed, with the addition of a glass nipple shield, to be used during each nursing.

After the secretion of milk becomes well established, the breasts become congested and the weight causes discomfort, which is relieved by a bandage or a tight-fitting

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corset-cover, which does not compress the breasts but holds them up on the chest wall and away from the axillæ. If the secretion of milk is too profuse, a breast pump should be gently used occasionally, liquids by mouth restricted, and saline laxatives administered. The baby ought to get sufficient nourishment from nursing fifteen to twenty minutes. If it continues to nurse longer it indicates an insufficient secretion of milk. Should the secretion of milk be scant or insufficient for the infant, it can easily be increased by having the mother drink plain hot milk, not boiled, only hot, or she may be given hot gruels and cocoa between meals and at bedtime. If the patient has been accustomed to drink tea, she may be permitted to continue it, but coffee and alcohol stimulants are contraindicated. Water should be given *ad libitum*.

The starvation diet at the present time is obsolete, and neither is an excuse of nitrogenous food indicated. In a normal puerperium a mixed diet gives the best results, except the first two days a light diet is advisable. After the bowels have moved freely the appetite of the patient may be used as a guide. A laxative should be given at the end of the first 48 hours, preferably castor oil one half of an ounce; if objectionable, then a dram of compound licorice powder or a Seidlitz powder.

There is considerable difference of opinion as to the duration of rest in bed. No definite time can be given, as every woman is a law unto herself. Uterine involution is more rapid in one than in another; as long as the lochia is red the woman should remain in bed. It is during the puerperium that attention should be directed to the prevention of subinvolution. If the patient sits up on the tenth or twelfth day and the red lochia returns, the indication is for an immediate return to bed. A puerpera should remain a week in her room after rising from her bed. Her getting up should be gradual, as her future health depends on the care exercised during the puerperium. She should not resume her household duties until involution is complete, which is from five to six weeks.

As a routine the last visit made by the physician to his patient he should insist on her calling at his office, or if preferred he should arrange for a visit to her home at the completion of the puerperium for an examination, as if any minor derangements exist they could be discovered and treated at once, but if let untreated would possibly become aggravated by time and the physician censured for latent complications.

E. N. RITTER, M.D

Williamsport, Pa.

"PECULIAR SKIN TROUBLE."—TYPOGRAPHICAL ERRORS, ETC.

Editor Medical Summary:

Dr. Davis, of Summit Point, W. Va., tells of a peculiar skin trouble which would show no eruption, but at night would become intolerable; and he finally hit on balsam Peru and white vaseline, which gave relief. I guess many others have had such cases to contend with. I had a case of an elderly man who was tormented almost to desperation by an itching from the knees down as soon as he removed his clothing for bed. He said if he did not get cured pretty soon he would try the virtues of a shotgun. I cured him by an inunction of quinine, carbolic acid and oil of eucalyptus. Also gave him a large dose every night of sulphur præcipitatum two parts and cream of tartar four parts; dose tablespoonful. Finally put him on arsenauro, 10 drops three times a day.

There are very few more exasperating things than typographical errors. The SUMMARY made me say "rebound" when I wrote "redound." Frequently such errors by proof-readers destroy the beauty and sense of a paragraph. I give the SUMMARY credit, however, of making very few mistakes in printing a MSS. Some journals are simply awful, and make an author feel silly. To be sure, some writers form such abominal ungrammatical sentences that no editor can be blamed if such sentences are bad, as he is not supposed to take the time and trouble to rewrite bad grammar.

D. L. FIELD, M.D.

Jeffersonville, Ind.

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RANDOM NOTES FROM PRACTICE.—CONSUMPTION, CANCER, ETC.

Editor Medical Summary:

Possibly I may be called an old fugy, but that gives me but little concern, so long as I cure my patients, or so long as they recover under my treatment.

The object of the physician is to cure his patients, whether that is accomplished by old, well tried methods or by new ideas, it matters not. First and foremost let us cure our patients. I have been condemned at times for the methods used, being nominated obsolete.

I am practicing medicine for the purpose of curing my patients, and the more I cure the better satisfied I am. Take my practice of nearly sixty years, and compare any part of it with the new ideas, and I think it will be found that I have at least been as successful as any of my neighbors.

I by no means condemn new ideas and new methods of treatment, so far as they have proven successful and better than the old, I have accepted them. But to say that all new ideas and methods of treatment are superior and better than the old ideas and methods, I emphatically deny. What better treatment, pray tell, have we ever had for syphilis than the old treatment of mercury and iodide of potassium? What better treatment for malaria and chills and fever has ever been discovered than mercury and quinine? I pause for a reply.

I might mention a number of other diseases, but I do not think it necessary. Is there any better remedy for certain conditions than opium in some form? I answer *no*. Is there any better physic than castor oil and Epsom salts? We know there is not. I might mention many other well-known and efficient remedies, but I forbear.

Now, in regard to consumption. Are all of the tuberculous hospitals and appliances curing any more cases of tuberculoses than were cured twenty years ago? We know they are not. Now, I do not wish to establish the idea that the methods now used to prevent and cure diseases of the lungs are objectionable—I certainly do not, but that they are curative of lung diseases I absolutely deny. I do not believe a consumptive patient has ever had too much real scientific care or attention, but that this care and attention is reducing the number of cases I do not believe. So long as we have predisposition to consumption by parentage I believe we will have consumption.

The consumptive hospitals are not objectionable, as we have better scientific principles governing them than in private practice, but they do not and never will cure consumption. Good sanitary conditions must be enforced in regard to consumption as well as other diseases. Give us good food, good water, good air and good inheritance and we will not have consumption or any other disease. But allow the human family to live in poorly ventilated rooms, to work in poorly ventilated offices, to eat a poor diet, and we most assuredly will have consumption and many other avoidable diseases.

Sanitation is one of the necessary things to be taught to the coming generation. As time progresses we are learning more and more in regard to the laws of health. This is as it should be, not only in regard to consumption but in regard to many other, yes, I think I am safe in saying, all other diseases. We can never know too much about ourselves.

I am still following my old specialty, the treatment of rectal, bowel and stomach diseases. I have, I believe, learned some things which will be of marked benefit to the medical profession. First I have learned that it is seldom ever necessary to send a patient to bed for the treatment of any rectal disease. That a patient does any better, as a rule, to be confined to bed, I do not believe. They generally do better if they are able to be around during these treatments.

Bed has, I candidly think, a bad effect upon all rectal diseases. I am not sure, but what we could honestly say it has a bad effect upon the majority of all diseases. Of course, there are diseases where bed is demanded, and in that event the bed is the better place, but how often it is that we keep our patients in bed to their detriment.

Put a consumptive to bed and he will die much sooner than he would if allowed to take moderate and scientific exercises. In my treatment of rectal diseases or stomach

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and bowel diseases, I make it obligatory that my patient be up and around. Of course, we do run across diseases where this would be imprudent, but the category of such cases are becoming less and less yearly in my practice.

I find constipation prevails with about three-fourths of the human family. I honestly believe that it is the cause of three-fourths of the diseases that prevail. My primal object is, in nearly all cases I treat, to have at least one action of the bowels during the twenty-four hours. If I can accomplish this then more than one-half of my treatment is accomplished. If I can succeed in having one good action of the bowels during every twenty-four hours I can almost safely promise my patient recovery. That this can be accomplished by the use of medicine alone, I do not believe.

The treatment I use for chronic constipation is massage with faradic electricity. This massage has to be performed in the proper way or else no benefit results.

I use a comparatively strong current. I have my patient hold one pole of the battery, I hold the other, and change the pole several times during the fifteen minutes' treatment. I massage, following the colon, and also the stomach and liver. This needs to be repeated from twenty to fifty times. I seldom ever fail in curing constipation if the patient will follow my treatment a sufficient length of time. We can occasionally cure with five treatments, more frequently with ten or twenty. I seldom ever fail to cure with thirty or forty treatments. During the first week or two, I treat about three times a week, and may have to give the patient some medicine to assist in the treatment.

I rarely have to give any medicine after the four weeks' treatment. My observation is that the cure is permanent, if the patient will persist in regularity in eating and going to the toilet after the treatment; there is no return of the constipation. It is to be expected that we would live a sanitary life in eating, drinking, exercising and sleeping.

I find that many stomach diseases are much benefitted by massage and electricity. In fact believe all, unless malignance is present, can be cured by this treatment.

Very fortunate it is that we have very few cancerous conditions prevailing with the stomach troubles that fall into my hands. If cancer be not present we can, as a rule, honestly promise benefit in the treatment of these diseases. If cancer be present we had better exercise great care in what we say to our patients. I know it is a difficult matter to diagnose cancer of the intestinal tract, especially of the stomach, and in our diagnose we had better leave a loop open so we can avoid an absolute diagnosis.

In the treatment of internal hemorrhoids I suggest treatment at any time the patient may come into your hands. Of course certain preparation is necessary. The emptying of the bowels being the most necessary. I do this with a few ¼-grain calomel tablets, follow this with half an ounce of castor oil. When the desired effect is accomplished I treat the hemorrhoids. I have cut down my treatment to two methods. The hypodermic and sigature; I think two better methods of treatment have never been instituted or invented, either one will absolutely cure. When the piles are gotten rid of we must treat the stomach trouble and cure the constipation. If other troubles, as enlargement of the liver of colon, indigestion, kidney trouble, etc., be present, they must be treated. If we do not get rid of these diseases we are liable to have the hemorrhoids reproduced. If we get rid of them there will be no more hemorrhoids.

My system of dieting of late years has been no cast iron rule. I perhaps suggest a suitable diet, but I impress the following idea upon the mind of my patient. If he eats anything that does not digest well, that is, if he by regurgitation tastes in four or five hours after having eaten he must avoid this food, at least temporarily. Nearly everybody will belch more or less after eating, this being governed, to a great extent, by the food eaten, but it ought to cease in three hours after eating.

Belching, as a rule, should not exist, and if we have complete digestion with the majority of articles eaten it will not occur. But whenever we eat onions, cabbage, cucumbers, and many other articles of diet, who has not had regurgitation or belching as it is called by the laity, resulting from

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certain foods having been eaten and in the majority of instances where this does occur there is really no indigestion present. Such a condition is perfectly natural very often and requires no attention. This should be explained to our patients to convince them that it is natural. We do find patients whom we cannot convince of this, then we are almost compelled to do something. I use in these cases the soda mint tablets and find them better when combined with a small quantity of carbonate of ammonia. These mint tablets, by the way, are very useful in all cases where there is an excess of acids, but nothing in my opinion will set the liver to work so well as calomel.

I think, however, sometimes we use too small doses of this valuable medicine. I now use the quarter or half grain tablet until about four grains are taken. Of course, a few years ago we used altogether too much calomel, then for a number of years I verily believe we used too little. My experience teaches me that the four grains are better than one, two or three grains. I believe that we have to have a decided effect of mercury, whatever form used, and I do not believe that we obtain that effect in less than the four grains. This I have learned from actual experience which is a good teacher.

The cry of late is, do not use more than one grain of calomel, and that in divided doses. I have tried this and have not had the desired results. I seldom ever fail, however, with the four grains. Calomel when used always ought to be followed by some gentle laxative, and the best I know of is castor oil. The patients who cannot or think they cannot take castor oil, we frequently find in that case we have to use some other laxative, epsom salts, sedlitz powders, phosphate of soda or the old-fashioned rheubarb and aloes does very well as we find it in Cook's pills. Very often this has to be repeated several times before we set the liver to performing its natural functions. Empty the intestinal tract should, as a rule, be the war cry. With a clean stomach and bowels we may expect some good results from our medicinal treatment.

It has been my lot to see a great many cases of chanchroid. Not long ago a patient came to me with the penis one continual ulcer. He had been having this condition something over a year. His physician finally pronounced the disease cancer. The case was by no means a promising one. My diagnosis to a great extent was the result of his gaining flesh instead of losing it. A cancerous patient does not gain flesh. This gentleman had gained some thirty pounds in three months. I pronounced the case chancroid. Having decided it was not cancer, I began treatment by two applications to the entire ulcerated surface of nitrate of silver, 40 grains to the ounce. This I followed by the free application of the dry calomel and Squibb's talcum powder every day. I have treated him five weeks and the sores are all healed. The penis is now about normal in size, he can urinate without difficulty, has no annoying pain to keep him awake; of course, I kept his bowels acting. He has gained some twenty pounds during the treatment. I told him yesterday he might go to work again.

A bad and incorrect diagnosis has been the cause of much suffering from improper treatment. Were I to chose between doctors, I should always chose the best diagnostitian.

GEO. J. MONROE, M.D.
Room 618 The Paul Jones,
Louisville, Ky.

EPIDEMIC MENINGITIS.

Editor Medical Summary:

What causes epidemic meningitis? Is it cold, malaria, dampness, or unsanitary surroundings? It only prevails in the spring and fall, as the rule. It is usually a disease of childhood, but this year it is no respector of age. However, it is rare after fifty years of age. In looking over the authorities, you will find they don't know the cause. They guess all sorts of probable causes, but you can do that yourself. It is almost an epidemic in Louisville now, but we live just across the river from that city, and while we have about sixteen thousand population, there is not a case reported. To be sure, we have plenty of sea-room, no flat-dwellers, plenty of fresh air, good water, and live right.

D. L. FIELD, M.D.
Jeffersonville, Ind

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MUSCULAR RHEUMATISM.

Editor Medical Summary:

Will you kindly publish in next issue one or two good formulas for muscular rheumatism ; also one or two reliable formulas for chronic kidney trouble? Thanking you in advance for the favor, I am respectfully,

SUBSCRIBER, M.D.

[Ready-made prescriptions for muscular rheumatism, as well as nearly all other mortal ailments, are not altogether reliable. In this affection diaphoretic, diuretic and analgesic medication should constitute a tripartite alliance. Dover's powder is both sedative and diaphoretic. For the latter nitrate of potassium and lithium bromide are also indicated remedies. In chronic and rebellious cases a course of treatment with colchicine and potassium iodide will be serviceable. In such cases the hepatic and renal functions need stimulation. In the beginning of an acute attack salicylate of soda, reinforced *judiciously* with a coal tar product, plus hepatic elimination, often cuts short the attack. Dry heat is highly serviceable, coupled with a few days of absolute rest. Alcohol and oil of wintergreen make a good liniment; chloroform may be added to it. We have tried out a number of the natural mineral waters claimed to have a certain value in these cases, and among those tried find several that we believe to have been productive of good results. These are the Manacea and the Mecklenburg mineral waters. Of course, you will say, any good water given in sufficient quantity to thoroughly flush the kidneys would have answered the purpose just as well. In reply to this, allow us to state that in several cases of muscular rheumatism we have tried this, in conjunction with remedies generally recommended by the authorities in standard text-books, without success. Finally, our patient becoming discouraged, having incessant pain, almost unbearable, we advised the exclusive use of one of the waters above mentioned, with massage of the affected muscles about every other day, with perfectly satisfactory results.

As to formulas for "chronic kidney trouble," so much depends upon the specific character of the ailment. Even different types of nephritis may call for radically different lines of medication. The question is partially answered above. The diet and hygiene are, after all, the most important factors in chronic renal affections. Water is our best diuretic and it is seldom contraindicated even when taken voluminously. Buttermilk is indicated in most cases in which the kidneys are damaged or their function perverted. Alkaline diuretics well diluted and taken freely hit a good many cases. The question is before the house, and we welcome suggestions on these topics from our readers.—ED.]

NOTES FROM A GENERAL PRACTITIONER.

Editor Medical Summary:

So many doctors are always making the complaint that they have no time for anything else outside of routine business—no time to read medical journals and books, to say nothing of literature of a general or collateral character. It has always been a contention of my own that any one, physician or who not, with a thirst for learning, can always find time to read, reflect and investigate. I do not pose as a "shining example" of this theory made carnate, and still a personal note might not be wholly irrelevant. I have always been a very humble general practitioner, but professional work together with my years of dabbling in both lay and medical literature have kept me quite busy. Still I have taken a good deal of time to acquaint myself along varied and versatile fields of endeavor.

Time is saved in the end by doing promptly and at once whatever has to be done. If calls are to be made, I get them out of the way as soon as I can. Having always dispensed, I make it a rule to put up medicine as soon as I can; if called away, the stuff is ready at the office when it is called for. If a urinalysis or other specimen is to be looked after, it pays to do it at once and have it over. Being examiner for several insurance companies, I learned long ago not to let applications pile up on me. I feel better if I can go to bed without an

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application on my desk. I make out birth and death reports promptly; then I know they will not be forgotten. A physician here got "in bad" a year or so ago for inadvertently failing to make a birth report.

When other matters are all cleaned up and out of the way, you have more time that is really your own. How will you utilize this time? We must have a little fun as we go along and pay some attention to the social amenities of life. "All work and no play"—you know the rest. Still, it doesn't pay to fritter your time away in useless gossip perched on the second-story of a goodsbox in some store. The good "mixer" is usually a good deal of a "loafer." While I must confess that my attainments are very mediocre, yet I sometimes wonder how I would have fared had I always fooled my time away as so many men do.

I make it a rule to always have with me a magazine or medical journal, and while on the street cars very valuable browsing may be done. It is a good rule to have a medical journal or small book in the obstetrical bag. Oceans of valuable time ebb away when one is anchored to these cases. You are too far away to go home, so you must tough it out as best you can. Formerly I made it a rule not to read or sleep while while on a confinement case. The parturient woman regards herself the whole show and wants all your attention. As I have grown older in experience, I have learned to give the sick woman only what attention she needs, not what she thinks she needs. If the case is slow-going, but it is inadvisable to leave it, I feed my mind with printed pabulum or my nerve cells with invigorating sleep. If there is any "moral" to these remarks it is this: Conserve your time and your energy and improve and enjoy yourself while at the game.

I have read a reprint on "Sanitarium Treatment of Tuberculosis in Private Practice," by Dr. J. H. Mudgett, Philadelphia, and note his success in the use of tuberculin. Will the doctor write and give in a brief, succinct manner his experience with this agency? SUMMARY readers would doubtless be pleased to hear definite reports from the doctor in the use of this remedy.

W. T. MARRS, M.D.

Arkinda, Ark.

SITTING UP AFTER LABOR.

Editor Medical Summary:

My hand upon your editorial on the "Post-Partum Stage" in the April SUMMARY. "Getting up does not hurt the woman just recently delivered; it is the staying up that hurts her."

Well said, or written. In the first hours after labor, the obstetrician is obsessed by the dread of post-partum hemorrhage, a rarely fatal accident or catastrophe. If it was frequent the deaths from it in such a place as New York city, where about one-half of the cases of labor are attended by midwives, would be appalling.

In olden times the seat of amputation was drained, so it is of benefit to drain the wounded uterus and vagina. Instruction should be emphatically given by the attendant that the patient sit up and urinate a few hours after delivery, otherwise the neck of the bladder may have become so obtunded by pressure during labor that it may become necessary to use a catheter. When the woman urinates in the upright posture, the uterus and vagina are naturally drained.

I may write that I have followed this injunction from Lusk for many years, and have never had any hemorrhage as a result, nor have I used a catheter. I have never had or caused a case of puerperal fever, and do not use gloves, although I favor the use of them. Truly our paths are happy or unhappy, according to the "personal equation." I never use forceps. The woman is allowed to use the position of preference, but when there is a tendency to prolong labor, and the conditions are right, I make her kneel, and the labor is soon over.

I may add that Dr. O. B. Surface wrote well on "Instrumental Delivery" in your April journal, but I have to write that I think we are badly educating the public respecting the frequent use of forceps. It has become to associate forceps with us as with the dentists. A pair should be carried to every case of labor, but usually it is better to let them act as if by catalysis, solely by their presence in the bag.

THOMAS R. EVANS, M.D.

Huntington, W. Va.

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Favorite Prescriptions

We invite practitioners to send us for this page, one or more of their favorite prescriptions. Only such as your personal experience has convinced you to be of practical use should be submitted.

Formulas plainly written on postal card is a convenient way for sending. Always give them in this order, please. 1. Name of disease. 2. The formula and directions. 3. Your name, town and State.

Reader, let us hear from you in time for the next issue of the Summary. It is our wish that the reader take a special interest in this department of the Summary.

TREATMENT FOR GONORRHEA.

Editor Medical Summary:

The following internal remedy can be used with good results in most any case of gonorrhea:

℞ Potassium bromide .....5iv.
Sodium bicarbonate .....ʒj.
Tinc. cannabis indica.....3iv.
Spts. æth. nitros. .....ʒiij.
Aqua .....q.s. ad ʒvj.
M. Sig.—Teaspoonful three times a day.

As an astringent use:

℞ Ext. pinus canadinsis (white) ʒij.
Tinct. opium,
Glycerin .....āā ʒiss.
Aqua rosæ .....q.s. ad ʒvj.
M. Sig.—Inject every three hours.

A similar injection is

℞ Ext. pinus canadinsis (white) ʒij.
Mucilage acacia .....ʒiss.
Aqua rosæ .....q.s. ad ʒiv.
M. Sig.—Use as an injection every four hours.

J. A. Burnett, M.D.

Arkinda, Ark.

FOR CHRONIC RHEUMATISM, ETC.

Editor Medical Summary:

Here is my favorite prescription for chronic rheumatism and to free the system from uric acid. It favors normal metabolism and feeds the nervous system and strengthens the great sympathetic chain so that it acts as a better monitor to functions. This formula has done more for me than any remedy employed for years:

℞ Phosphoric acid (Squibbs) 85% solution .....3iiss.
Sulph. magnesia,
Syr. simp. .....āā ʒiv.
Aqua .....q.s. ʒxii.
M. Sig.—Two teaspoonfuls before meals in half glass of water.

To have a permanent effect it should be taken for about six weeks.

For Spasmodic Asthma.

Use hypodermically, adrenalin, 15 drops; apomorphine, 1/30 of a grain, and it gives speedy relief in the catarrhal or spasmodic form.

For Urticaria.

Try this formula in urticaria:

℞ Strontium bromide .....ʒss.
Aqua, q.s.,
Essence pancreas,
Essence pepsin .....āā ʒij.
M. Sig.—Two teaspoonfuls after meals in one-fourth glass of water.

A. V. Banes, M.D.

St. Joseph, Mo.

LINIMENTS.

Liniments are old-fashioned, but they always serve the purpose of amusing the patient and have a modicum of real value besides. Here is one cribbed from *Physicians' Drug News:*

Tinct. aconite,
Chloroform,
Oil gaultheria āā one ounce.
Soap liniment q.s. one ounce.

Here is another:

Oleoresin capsicum, 5 parts.
Oil wintergreen, 2 parts.
Oil sassafras, 2 parts.
Menthol, 1 part.
Yellow wax, 3 parts.
Lard (or petrolatum), 26 parts.

Melt the wax and lard and when nearly cool add the oils and mix well. If a liquid liniment is desired use alcohol 33 parts in place of the lard and wax.

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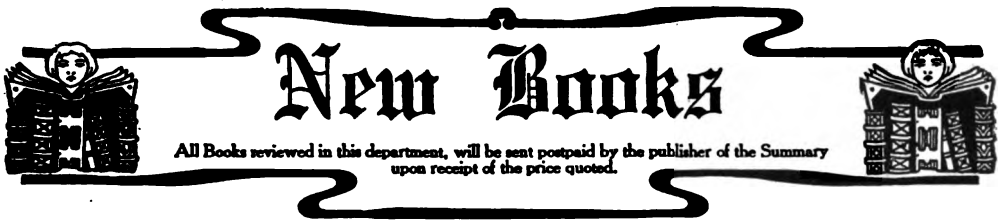
New Books
All Books reviewed in this department, will be sent postpaid by the publisher of the Summary upon receipt of the price quoted.

FALSE MODESTY THAT PROTECTS VICE BY IGNORANCE. By E. B. Lowry, M.D., author of "Confidences," "Truths," "Herself," etc. Forbes & Company, Publishers, 443 S. Dearborn St., Chicago, Ill. 1912. Price, 50 cents.

When the attention of the world in general was first awakened to the appalling extent of the white slave traffic, as shown by a campaign of publicity, teachers, ministers, club women, and educators generally, began to look for a remedy. Investigations indicated that the cure lay in prevention, and the most potent remedy in prevention was the education of the masses to a knowledge of what was transpiring in their own communities, even in their own homes, and the cause for it.

The aim of the author of this little book has been to bring these facts to the attention of fathers and mothers, to show them the necessity of early and proper instruction for both boys and girls in matters pertaining to sex, etc. All of Dr. Lowry's books are excellent. The present one is of vital, helpful interest, and should be read by every parent.

THE INFLUENCE OF CAFFEIN ON MENTAL AND MOTOR EFFICIENCY. By H. L. Hollingworth, Ph.D., Instructor in Psychology, Barnard College, Columbia University. Archives of Psychology, edited by R. S. Woodworth. No. 22, April, 1912. Columbia Contributions to Philosophy and Psychology, Vol. X, No. 4. The Science Press, Publishers, New York. 1912.

In this neatly printed monograph, comprising 166 pages, the author presents full and complete records of an elaborate and extended investigation on the influence of caffein on mental and motor processes, along with the conclusions, based on his own careful study of the records, free from all suggestion of prejudice or bias.

THE TREATMENT OF SHORT SIGHT. By Prof. Dr. J. Hirschberg, Geh. Med. Rat in Berlin. Translated by G. Lindsay Johnson, M.D., F. R. C. A., with twelve illustrations. Rebman Company, Publishers, 1123 Broadway, New York. 1912. Price, $1.25 net.

This small volume embodies the subject of a lecture delivered by the author and published in the "German Clinic" several years ago. The exceptionally large and extended experience of Professor Hirschberg of several decades in ophthalmic practice, and his marvellous power of observation renders this book of exceptional value not only to the student, but also to the specialist in ophthalmic work. The translator says that he knows of no work that covers the ground so exhaustively. This volume has a double value, not only in guiding those who fit glasses to correct myopia in a scientific manner, but also, which is of more importance, in pointing out the dangers and pitfalls which beset those who attempt to correct high degrees of myopia, without that special knowledge which only a large experience in ophthalmic practice can give.

WHICH? WHY?

Doctor, why do you administer atropine in preference to strychnine as a stimulent? Evidently you have a reason. Please let the SUMMARY have it. The editor is very desirous that some one write an article for this journal, and give the scientific deductions for the use of sulphate of magnesium, the actions of the drug, and the reason for its extensive use during the last decade in certain affections. Let's have your ideas. Another thought, why do you administer the fluidextract of ergot in preference to any other preparation of the drug? Your conclusions will be read with interest.

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Summary Gleanings

Many children can digest the proteids of cow's milk when a little barley water is added.

Gelsemium and gelseminine are useful in most types of insomnia. It is an indicated remedy in all cases of cerebral hyperemia.

Infantile diarrhea is generally caused by indigestion due either to bacteria in the food or to indigestible material in the food.

Sweet spirits of nitre is a valuable remedy for dermatitis of vegetable origin. The earlier it is employed the more likely it is to abort the inflammation.

Incontinence of urine occurring in women, when this condition is due to a paralysis of the vesical muscle-fibers, is cured by gelsemium.

The plants now cultivated in the United States on a commercial scale are peppermint, goldenseal, ginseng, wormseed and wormwood.

If the mother has tuberculosis, chorea, epilepsy, insanity, or if there has been hemorrhage, eclampsia, nephritis or septicemia, the baby should not nurse the breasts.

Echinacea is an excellent remedy in all conditions when sepsis needs to be corrected, as in boils, carbuncles, septicemia, and a tendency to the formation of abscesses.

The following causes make weaning necessary: pregnancy, acute or chronic disease of a serious nature, mastitis of both breasts, progressive loss of weight for several weeks.

In using iodine for sterilization of operative field, the solution of the tincture should be made fresh weekly as old tincture of iodine undergoes chemical changes that are irritative to the skin.

In erysipelas paint the affected area with tincture of iodine; allow to dry and then cover with flexible collodion. Pilocarpine internally if the case is a sthenic one.

Remember echinacea in your next case of erysipelas, as it has benefitted cases where nothing else would do any good; in fact, cured them.

During confinement, when the os is rigid and labor is retarded, with the patient highly nervous, the exhibition of gelsemium in conjunction with caulophyllin will be productive of excellent results.

In the thrush of infants give limewater before nursing or feeding. Cleanse the mouth with boracic acid solution. Chlorate of potash is the old remedy for thrush, but is not now so generally used.

Flushed face, bright eyes and contracted pupils are indications for the administration of gelsemium. Give small, frequently repeated doses until the indications of irritation are removed.

Silver iodide is being warmly recommended for the treatment of whooping cough. It is given in doses of from 1/8 to 1/6 gr. every six hours. It may well be associated with atropine, which is probably the best single remedy to control the paroxysms.

The *Medical Standard* says that thyroid is the latest remedy to be suggested for the treatment of enuresis. Dr. Leonard Williams gives it to children in doses of ¼ grain three times daily. Some one try it and write up the experience for SUMMARY.

In capillary bronchitis atropine is an ideal respiratory stimulant, relieving congested nerve centers and bringing the blood to the periphery. Administered hypodermically it usually breaks an asthmatic paroxysm and obviates the need of giving opiate drugs.

Guarana was at one time used quite extensively for headache, but since the thynthetic preparations have come in vogue little has been said about guarana. It should, however, not be overlooked in headache resultant from anemia; in some such cases it proves very beneficial.

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The Medical Summary

A Monthly Journal of

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QUICK EMESIS.

In case of choking, poisoning and other conditions it is often desirable to empty the stomach promptly. Vomiting is almost invariably produced by thrusting a long, energetic finger far into the throat. This should be followed by a glass of warm water, to which has been added a teaspoon of dry mustard. If ipecac, wine or syrup, is used, a teaspoon should be given to a child and a tablespoon to an adult. It should be followed by a drink of warm water and the index finger again inserted. Generally speaking the finger method is quite successful in bringing about emesis, especially after narcotic poison has been taken. In case of opium poison the stomach is often in a lethargic state, due to the benumbing effects of the drug, and combined measures may often need be called into service. Apomorphine hypodermically in 1/10 grain dose will as a rule produce vomiting in less than five minutes.

BLADDER CATHETERIZATION.

Filling the urethra with warm olive oil will sometimes facilitate the introduction of a catheter when it is otherwise difficult. Cocaine should be used with caution when employed for urethral anesthesia. Some authorities state that two drams of a five per cent. solution may be injected into the urethra with safety, although we should think it might produce toxic symptoms in a person peculiarly susceptible to the drug. A death has been reported from a small amount of a ten per cent. solution. It is well to remember that it is not best to draw off the urine too rapidly, as it may cause a collapse of the bladder walls. Cystitis may follow upon too frequent and too rapid catheterizations. In order for the stream to be of smaller volume the catheter should not be introduced too far.

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IODINE AS AN ANTISEPTIC AGENT.

It is a very cheering and refreshing fact that in these days of the new and the novel; of "high ideals" and "greater aspirations"; of drug nihilism and iconoclasm, when the commonplace and the utilitarian are put far back and out of sight to make way for the new spirit of progress; when we are bewildered by the possibilities of science, and confounded by its actualities,—it is surely with a sense of great relief to turn to such an old-time, old-fashioned, mundane actuality as our old friend tincture of iodine, who has been rejuvenated, and is now disporting himself as one of the promptest and most efficient antiseptic agents that adorn our modern materia medica.

One hundred years ago,—this is the centennial year,—this grand remedy was discovered by a French soda manufacturer, and there is no other remedy that has held its place so continuously, uninterruptedly, and so tenaceously in the Pharmacopœia, and in the appreciation and confidence of the entire medical profession. It is a wonderful and curious substance and element, and none but the initiated would attribute it to its true sourse of production in vegetable matter,—so much does it look and act like a metallic substance, pure and simple.

It took but seven years of domestic use and empirical experiment before it forced itself upon the more scientific notice of the medical profession, and from the day of its adoption as a legitimate medical claimant, its use has ever been on the increase, its potency for good has never been questioned, and the right of its position in the Pharmacopœia of all countries has ever been maintained.

It is almost incredible to think that the antiseptic property of iodine should have eluded medical research for a whole century, when in the meantime it has been used as an external application for every possible purpose and in every form and degree of concentration and dilution.

A Frenchman discovered it; a German-Frenchman introduced it into medicine; and its latest application has had its origin in France. All honors to the French!

The root of disease lies in the germ; and all therapeutic effort is directed to its destruction,—whatever the means employed to this effect. Great possibilities lie in the proper external use of iodine, and it seems as if investigators looked beyond that which was immediately at their feet in their eagerness to discover something new.

But to be more specific. Tincture of iodine has found a wonderfully effective use as an application to wounds, both before and after infection. It is known that the commendable success of the Japanese surgeons in the treatment of wounds during the Russian war was owing to the use of the tincture of iodine, both as a preventive and cure for infected wounds on the battlefields and in the hospitals.

Not only this, but by painting the skin with this preparation the surface will become thoroughly aseptic in a few minutes, thus obviating the necessity of using other means that require time and that may be of impossible use on the spur of the moment, or under certain exigencies of the case.

The full-strength tincture is caustic and should not be used except under certain conditions; but it should be diluted with alcohol, and not water, since the alcoholic solution is the most penetrating and it does not spread so rapidly over the adjoining parts.

THE OBSTETRIC EQUIPMENT.

The physician will never find fault with himself for having kept his obstetric bag equipped with such remedies, instruments and accessories as may be needed in an emergency. If he is situated remote from drug-stores he should more carefully subject his outfit to occasional scrutiny and replenish as required. It is not always convenient to carry the Kelley pad, and a very good substitute for it in the absence of a rubber sheet is to be found in a number of folded newspapers. They make a pad quite impervious to fluids and are easily disposed of. If there is ample time these may be crudely quilted together, or they may be pinned together with safety pins, and the corners pinned to the sheet to keep it all from slipping out of place.

The bag should contain both long and

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short forceps, hypodermic syringe with tablets of H. M. C. or morphine, strychnine, atropine, glonoin, veratrine and ergotin. Other essential drugs are chloroform, ether, brandy, alcohol, acetic acid or iron, carbolic acid or lysol, ergot and chloral hydrate. A fountain or bulb syringe should be carried. Also pocket case containing scissors, artery forceps, silk and catgut ligatures; uterine dilator, placental forceps, dull curet and needle holder. Other useful articles and accessories are cotton, gauze, soap, towels, nail brush, assorted safety pins, antiseptic oil or vaseline, talcum powder and boracic acid. For the baby's eyes in suspected cases there should be convenient a 20 per cent. solution of argyrol or a 1 per cent. nitrate of silver solution.

Instruments that may safely be left at home are perforator, craniotomy forceps and other wicked instruments of destruction in their class. If it should be necessary to use them they may be secured while a consulting physician or two are getting on the ground. Many more articles might be named, and some of the above may be dispensed with; but it pays to go to an obstetrical case well equipped and accidents and unpleasant circumstances are not so likely to arise.

SPERMATORRHEA.

The quack and irregular physician have always made much of spermatorrhea, seminal vesiculitis, seminal emissions, varicocele, lost manhood and the various other fanciful names by which the one and same thing is known. The wonderful treatment for this trouble given by the advertising doctor is a few inert pills and powders, and the victim is told to live hygienically, bathe the scrotum in cold water, and wear a suspensory bandage.

Spermatorrhea and vesiculitis are usually but functional disorders and are usually of transitory duration. They may, however, appear in a very stubborn form, due to venereal or other disease or to excessive masturbation. There is a psychic element in many young men which aggravates even a mild case and causes him to think, after browsing on highly-colored literature, that his "vital fluids" are draining away. Neurotic sexual cases must be handled with care lest they later become neurasthenics or morbid and ambitionless.

The treatment is, of course, on the whole psychic. That does not mean that the sufferer is to be bluntly told that he is foolish or that his ailment is only imaginary. Such methods drive him to the quack, who before bleeding him at least treats him in an affable manner. The sufferer should be given instructions with regard to bathing, eating, sleeping and his manner of living in general.

Damiana was for many years used as a "manhood restorer." This remedy is now considered inert, or nearly so. Perhaps nothing will allay irritation in the seminal vesicles and other sexual adnexa so well as a full dose or two of bromides in the evening. Other useful agencies are cimicifuga, cannabis indica and asafetida. If the sexual function needs toning instead of sedating phosphorous, ergot, strychnine, nux vomica, etc., may have a modicum of value. Constipation must be overcome. Tea, coffee and alcoholics should as a rule be interdicted.

SIMPLE EYE REMEDIES.

Better judgment with regard to the use of eye remedies now exists than did a few decades ago, when nitrate of silver, sulphate of zinc and other strong astringents and irritants were recklessly employed. Boric acid and saline solutions are now used more frequently than all other local remedies in case of conjunctivitis or inflammation of the external ocular structures. These two bear a greater analogy to the tears than any other agencies.

Hot water antisepticized with boric acid is a most valuable agency for lavaging almost any type of ocular inflammation. And heat to an inflamed eye should be in the manner of a lavage. Heat in the form of a poultice will nearly always add to the gravity of eye troubles. Cold judiciously employed will often accomplish good results. Above all else simple eye inflammations demand rest and protection from the

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light. This is also true of graver inflammations, plus special ophthalmic treatment.

Cocaine should not be used for an extended length of time, as it dilates the pupil and roughens up the epithelial coat of the eye. Weak solutions of morphine and camphor exert a soothing and sedative effect. Sulphate of zinc may be safely employed as an astringent in a strength of not more than one grain to the ounce. Alum and tannin solutions are about equally effective and may be used with greater freedom. Lead solutions may cause damage if there is a crack in the sclera. It is doubtful whether lead is ever of any value in eye affections, anyway.

The writer has employed with success in certain cases a proprietary which contains morphine, sulphate of zinc, bichloride of mercury and boric acid. For blepharitis marginalis a yellow oxide of mercury, two grains to two drams of vaseline, is serviceable. In case of burns from lime or other escharotics a 10 per cent. ointment of boric acid introduced between the lids aids in preventing sepsis and in promoting the healing process.

OIL OF TURPENTINE.

This is an old-fashioned remedy that has waned in popularity in recent years, yet nevertheless one that will in experienced hands always exert certain therapeutic results. It is especially a valuable remedy in passive hemorrhages and those dependent upon perverted mucous membranes. Many clinicians of wide experience do not hesitate to give it in aperient doses—two drams to a half ounce, and even more—in cases in which turpentine seems to them to be indicated. It is claimed that the greatest force of these large doses is exerted upon the intestines, and very little renal irritation can come from them. Small doses of five or ten minims are said to seldom have any untoward effects upon the kidneys, but that it is the medium doses of thirty to sixty minims that are more likely to produce this form or irritation.

Purpura hemorrhagica is the field in which turpentine is peculiarly indicated and most observers state that it must be given with a free hand if salutary results are expected. One observer states that in healthy, full-blooded children of ten or twelve years he gives as much as one-half ounce of turpentine with an equal part of castor oil night and morning, with excellent results. It is rather the concensus of opinion that in purpura turpentine should be given to the point of getting purgative results.

In hemophilia, hemoptysis, and nearly all hemorrhagic conditions of constitutional origin turpentine is as likely to prove serviceable as any internal remedy. It could not be expected to exert any influence upon uterine hemorrhage, unless possibly as a styptic. As an intestinal antiseptic turpentine ranks high. In small doses it is useful in flatulent colic and unhealthy states of the intestinal mucous membranes. In colicky conditions of both adults and children turpentine exerts a good influence and should be given with castor oil; if more anodyne effects are desired it should have codeine or chlorodyne incorporated with it. In hiccough ten drops of turpentine with thirty of nitrous ether in aromatic water will usually be successful.

Turpentine is said to exert a favorable action on the hepatic function and to correct the tendency toward the formation of gallstones. Its action here could hardly be expected to be more than a corrector of inflamed mucous membranes in the hepatic mechanism. Turpentine is a reliable anthelmintic against threadworms and may be employed internally and as an enema. The old method of using it as an enema was diluted with barley water or a thin gruel.

Reports of interesting cases are always appreciated by The SUMMARY.

Before prescribing for any pharyngeal or laryngeal affection make a thorough examination of anterior and posterior nares and naso-pharynx.

There is hardly a successful doctor of the present age who would not shock his grandfather beyond words by the innovations he has adopted and employed successfully.

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Leading Articles

Brief and practical articles, short and pithy reports of interesting cases in practice, new methods and new remedies as applicable in the treatment of diseases, are solicited from the profession for this department. ¶ Articles contributed for the Summary must be contributed to it exclusively. ¶ Write plainly and on one side of the paper.

The Editor is not responsible for the views of contributors.

THE PRACTICAL APPLICATION OF ELÆCTRICITY AS A THERAPEUTIC AGENT. FARADIC CURRENT.

By J. R. Etter, M.D.

EDITORIAL NOTE.—This is the fourth of Dr. Etter's series of short, practical articles. Each article will be complete in itself; the entire series, when complete, will form a regular *vade-mecum* on "The Practical Application of Electricity as a Therapeutic Agent." These articles will be something different, that is, they will be presented in a different form from the general run of matter hitherto brought out on the subject in the books. No general practitioner can afford to miss a single number of THE SUMMARY containing this Series, which will run through all the present year and probably the next, and will give the technique of application minus the theory.

A short article on the Faradic current might not be out of place. This current, although perhaps the oldest current that has ever been used in medicine, is as little understood by the ordinary physician, and I might say even by some good writers, as any other current. The current was named, probably, after its discoverer, Faraday, consequently is called the Faradic or induced current. The reason it is known as the induced current is that it has no direct connection with the battery current; but the current, generated by the battery and carried around the primary coil, "jumps," as it were, through a di-electric or insulated substance onto the coil of wire known as the secondary coil, and it is from this secondary coil that the induced current is obtained. The "primary induced" current is spoken of by a number of manufacturers of electric apparatus, as well as by various writers, but it is utterly impossible to harmonize the two expressions, especially when they are intended to mean one current. The primary current that passes into an induced coil is of very low voltage and the quantity is considerable, just in proportion to the number of cells used in the primary circuit. The secondary current—that is, the induced current—is of very high voltage which is in proportion to the number of ampere turns on the primary coil as compared with the ampere turns on the coil, and the voltage on the secondary coil can be easily figured out if one knows the voltage given off from the primary coil. This figurement we determine entirely on the comparison as between the size and number of ampere turns of wire on the secondary coil and the size and number of ampere turns of wire on the secondary coil, at the same time taking into consideration the greater distance from the primary coil that the outer layer of the secondary coil are. The thinner the secondary wire is, as compared with the primary, and the greater the number of ampere turns, the higher the voltage will be; so that one can readily tell just what the voltage of a secondary current will be, if he knows the voltage, the size of wire and number of ampere turns of the primary, and the size of wire and number of ampere turns of the secondary. The primary circuit is a primary circuit, and can be nothing else, the secondary or induced circuit cannot possibly be a primary circuit. So it is misleading to speak of a "primary induced" circuit.

In the consideration of the subject of the voltage of the secondary or induced current, the soft iron core which is placed inside of the primary coil, acting as a condenser, would enter into the calculation. An induction coil is almost the inverse of the transformers that are used on light circuits and on electric railway circuits. In the latter circuits, the current is transformed from a very high voltage to a lower voltage, while in the Faradic it is transformed from a lower voltage to a higher voltage. Some writers speak of the amperage of the Faradic or induced cur-

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rent as varying to a great extent, but I think that at the present time no instrument has been devised that would measure to any certainty the Faradic or induced current as given off by the machines of the present day. It might be said that the quantity of a Faradic or induced current need not be taken into consideration in the treatment of diseases with this current. While it is held that this secondary current is an alternating current, yet there is a certain polarity,—especially to the sensory nerves. In placing the electrodes on the patient, one will be much more sensitive to the skin, and even contracts muscles more than the other. Why this should be, I am unable to say, but that it is a fact is beyond dispute.

Crawfordsville, Ind.

DYSENTERY AND SUMMER DIARRHEA.

By W. D. R. Kirk, M.D.

The case of dysentery presenting a full white or dirty white tongue should have epsom salts to free elimination. Combine it with anodynes in small doses, and it will in many cases resemble in its action the "Old Sampson" for this latter purpose. The following, after many hundred trials, has proven best of any combination known to the writer:

℞ Chloral (sat. sol.).....ʒj.
Tinc. gelsemium.....ʒiv
Paregoric.....q.s. ad. ʒviij.

M. Sig.—From a half to a teaspoonful from two to four hours.

Add a third in bulk of charcoal to the salts, grind them in a mortar until thoroughly mixed and give a teaspoonful with a half teaspoon of chloral mixture every three hours until the bowels act thoroughly, after which omit the salts and give a teaspoonful of the latter every two to four hours, or repeat according to tormina, tenesmus, &c.

This plan will relieve all uncomplicated cases. Should the characteristic dysenteric actions return do not try to relieve them by increasing the anodyne, but give less of it and combine it with the salts again until the actions show that they are from the salts—changed in color.

The epidemic form of the disease has a fever of the adynamic order and should be treated very much like that of typhoid fever. The small dysenteric actions should have our careful attention, but they do not sway the treatment much. In other words, treat the pathological condition regardless of the tormina and dysenteric discharges. These cases are supported and caused by a zymotic, a blood poison that must be reckoned with from its incipiency, and if we have mastered the expressions of disease to a good extent we will be quite at home in treating the epidemic form as well as the sporadic variety.

About twenty-five years ago the epidemic form paid this country a visit and, although it was not as fatal as it had been in previous years, it was certainly something very much to be dreaded. The fever continued without intermission for from twenty to twenty-two days, and during the whole time scarcely an hour pased without a dysenteric action from the bowels, and the characteristic tormina and tenesmus. While many cases proved fatal, the writer did not have one fatal case to his credit. The pulse was generally small with strength for which tinct. aconite was given, combined with the indicated zymotic medicine, which was often baptisia. Some cases had a full, dirty white tongue; they had sulphite of soda. Ipecac in small doses was given in all cases in which there were mucoid discharges. Quite a variety of remedies were tried, because "they had been found to be good in other cases," but nearly every one failed to give any relief. Laudanum and starch water promised to give more or less relief by enema, but could not be retained. In all cases presenting the flushed face, bright eyes, &c., had gelsemium, the dull, expressionless face, dilated pupils, and cold extremities, were treated with belladonna. Some relief was given by using laudanum liniment over the abdomen, followed with light peach-tree poultices. No diet was called for and none was advised, except an occasional spoonful of some weak fluid. The full tongue of atony was relieved with small doses of

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quinine and camphor. The cases that resembled cholera infantum—very little blood in discharges—were given monobromate of camphor in small doses trituated with sugar of milk. Those cases with a fever that intermitted, were treated as other intermitants, adding gelsemium or Dover's powder. The case in which the mucous membrane of the colon sloughs off are very tedious to manage and require good judgment about the indications for remedies, especially those that are expressed by the various shapes and colors of the tongue. Should that be slick—the mucous membrane destroyed—such remedies as baptisia echofolta, Donovan's solution, nitrate of silver, ergot, nitric acid, &c., should be prescribed. But if such cases present a lead-colored tongue not denuded of mucous membrane, the iodide of potash becomes the leading remedy. I do not know why it is, but papine gives better results in cases of denuded tongue than any other preparation of opium. The case presenting the contracted red tongue should have hydrochloric acid in pleasant sour drinks and grape wine as a stimulant. The long continued case that is disposed to sink with cold extremities after twelve at night should have quinine by inunction—a teaspoonful every three hours for about three times, beginning at about eleven to twelve o'clock P.M. A clear hemorrhage with pale tongue and mucous membrane will be relieved with carboligen trituated with sugar of milk.

The little teething child with cholera infantum requires deep thought and attention. Those whose bowels act often with but little if any effort or pain, cool extremities, expressionless, bloodless face, pupils dilated and eyes half closed, should have belladonna in small doses often repeated, and tannin in form of proton, and if the tongue is in any form of white coated, some alkaline antiseptic (for which glyco-thymoline is very good), should be given. This, too, will be benefitted by small doses of monobromate of camphor. These extremely fatal cases go down sometimes for want of cod liver oil, or fats in other forms. Therefore, while the writer is unable to give the leading symptoms that call for it, we should try cod liver oil in such cases as above described. I had a case that had gone to a very low condition, after treating it on every plan that promised relief without arresting the disease. It was given some fat, fresh hog's meat that had been thoroughly boiled, which seemed to be all that was needed for a cure. It would have been relieved with cod liver oil. Another with dysentery, "given up" by the attending physician, called for a slice of "streaked" bacon, which gave immediate relief. What symptoms call for fats?

Shuqualak, Miss.

SOME SUMMER REMEDIES AND THEIR INDICATIONS.

(FOURTH ARTICLE.)

By H. Hamilton Redfield, A.B., M.D.

Professor of Therapeutics in The Bennett Medical College, Medical Department of The Lyola University, Chicago, Ill. Chief Therapeutist to The Jefferson Park Hosiptal, Chicago, Ill.

Asclepidin.—Asclepidin is a concentration from asclepias tuberosa. Common name, pleurisy-root, butterfly-weed. Habitat, the United States. Dose of the standard granule, 1-12 grain.

Physiological Action.—Asclepidin acts on the tissues and is productive of rheumatic symptoms. It is a diaphoretic, diuretic, laxative tonic, a carminative and expectorant.

Therapeutics.—Asclepidin is most useful in those cases of pleurisy where the pains are acute, the expectoration is scanty, or a dry hacking cough is present. A feeling of tenderness can be demonstrated near the sternocostal articulations in the intercostal spaces, and every breath causes excruciating pain.

In the subacute cases of rheumatic pericarditis characterized by a pain in the region of the left nipple, which sometimes radiates to the shoulder and is made worse by deep inspiration, asclepidin affords prompt and marked relief.

Dysentery and diarrhea occurring in the autumn, also subacute mucous enteritis, receive benefit from this remedy.

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Diarrhea, which is preceded by a feeling of discomfort in the abdomen, with gaseous rumblings, call for the exhibition of asclepidin.

Compare its action with that of rhus toxicodendron, macrotin and bryonin.

ATROPINE.—The official alkaloid of atropa belladonna (common name, deadly nightshade), a European plant of the natural order of solanaceæ, and which contains in addition to the official alkaloid atropine, the alkaloids belladonnine hyoscine, hyoscyamine, and atropine; also a coloring principle called atrosin. Dose of the standard granule of atropine, 1-250 grain.

PHYSIOLOGICAL ACTION.—Atropine has been classed as an irritant, narcotic, mydriatic, antispasmodic, and anodyne. In small doses it produces stimulation of the cardiac apparatus as well as of the respiratory and exerts a stimulating effect upon the spinal cord. In large doses it paralyzes the endings of the secretory nerves and stimulates the sympathetic system.

Applied locally, atropine diminishes the sensibility of the sensory nerves, and when absorbed it produces systemic effect.

Administered internally, it checks the secretions of the mouth, nose, throat and larynx, thereby producing a dryness of the mucous surfaces, due to the paralyzing action of the drug on the peripheral nerve-endings. At first it lessens the gastric and intestinal secretions, but its later action is to produce a profuse secretion from the gastric and intestinal mucous membranes.

Under atropine the heart is at first slowed, but later the heart action becomes very rapid and the force is augmented, the pulse grows exceedingly rapid, arterial tension is high and the circulation is increased. The action of atropine is brought about by its paralyzing action upon the intracardiac ganglia, thus lessening inhibition. It differs from digitalin, inasmuch as that drug increases both.

The entire vasomotor system is stimulated at first, but afterward, by overstimulation, it is paralyzed. The beat and force of the heart grow weaker, the blood-vessels relax and lose their tone, with the result that blood pressure undergoes a marked fall. There is complete motor paralysis, delirium, coma, and finally death due to asphyxia. This when lethal doses have been taken.

The exhibition of atropine, either locally or internally, cause dilation of the pupils, which is produced by stimulating the end-organs of the sympathetic and by paralyzing those of the motor oculi, which has the effect of decreasing the influence of the circular fibers, while at the same time it increases the power of the radiating fibers of the iris. Atropine also has the power of paralyzing accommodation and lessening intraocular pressure. According to Donders, the smallest quantity of atropine that will produce any effect upon the pupil is one-seven hundred thousandth of a grain (gr. 1-700,000).

Large doses of atropine produce cerebral congestion, characterized by a busy delirium, which is frequently accompanied by visual illustions.

The region of the spinal cord between the second cervical and tenth dorsal vertebræ is stimulated, producing thereby a paralysis of the motor nerves, central and peripheral, power in the lower extremities being lost first.

There is a slight impairment of sensibility, but the irritability of the muscles is not affected. The respiration is increased, and there is a rise of temperature.

Sometimes the exhibition of atropine is followed by a diffuse scarlet eruption on the skin and fauces which greatly resembles that of scarlet fever; there is great difficulty in swallowing and the throat is sore. This effect is due to the congestion of the capillaries and the consequent greatly increased circulation.

THERAPEUTICS.—Persons of a bilious, lymphatic or plethoric disposition; women and children of a delicate skin; those who are happy, jovial and good entertainers when feeling well, but who become peevish, violent, delirious and subject to convulsions when indisposed, seem to be especially susceptible to the action of atropine.

They take cold easily, and are especially sensitive to drafts of cold air; men who take cold after having their hair cut. There is, generally, headache of a throbbing nature. The pains come on suddenly, remain only a short time, and leave as suddenly as they come, without any apparent

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cause whatever. The face is red and swollen, eyes are congested and injected, pupils dilated and staring. The carotids pulsate and the pulse is full and bounding, with the mucous membranes of the throat, nose and mouth hot and dry.

Atropine should be studied in all motor disturbances, when there is a condition of anesthesia, or owing to the great irritability of all the senses there is present marked hyperesthesia. The muscles jerk or twitch, conditions often met with in puerperal convulsions, the spasms of infancy, epilepsy, hydrophobia, chorea, whooping-cough, and locomotor ataxia.

Atropine occupies an honorable place in those mental disorders characterized by marked alterations in the moral tone of the individual—hallucinations, melancholia and rage, with illusions of a spectral nature.

In the congestive delirium which frequently attends the acute fevers or which is due as a result of metastasis of the brain, atropine is the remedy of choice.

Cases of congestive vertigo are relieved by atropine. It also relieves congestive, neuralgic or nervous headaches, when the face is flushed, eyes are injected, the lids show ptosis, head feels as though it were on fire, or the patient may complain of a sensation of blindness, or again, there may be flashes of light which dart back and forth across the eyes. Here the headache is made worse by light, noise, moving or on lying down.

The place of atropine in the treatment of arterial congestion of the brain has been firmly fixed.

In the hyperemia of sunstroke it has but one peer, and that is glonoin.

The congestions met in cases of injury to the head, when there are present all the evidences of concussion, congestions brought on by great mental excitement or excessive indulgence in alcoholic beverages are promptly met by atropine.

It should be studied in neuralgia which is of recent origin or which occurs in young patients, especially when associated with hyperemia and hyperesthesia. The pains are generally most pronounced about five in the afternoon, coming and going quickly, and are made worse by motion. In these cases, it will be found, as a general rule, that the trigeminus is the nerve most affected.

In iritis and other conditions of the eye it gives excellent results.

The dryness, soreness, painful deglutition, swelling, and burning sensation seen in pharyngitis and chronic tonsillitis are indications which call for the exhibition of atropine.

In all congestions and inflammations of the uterus, when the patient complains of a violent burning sensation with nettle-like pains and a feeling of fullness as though the uterus were pressing down toward the vulva, atropine should be studied.

Its position in the treatment of fevers is between aconitine and arsenic. The type of fever is usually continuous. In these cases the face is red and congested, eyes are bright and glistening, and the other general indications for the exhibition of atropine are present. In puerperal fever the exhibition of atropine is imperative; also at the onset of scarlet-fever or measles when the skin is hot and glistening. In the Sydenham type of scarlatina atropine is said to have a modifying influence on the course of the disease.

It has been used to good effect in peritonitis when the transverse colon can be felt like a pad. There is soreness in the entire abdominal region, and the tenderness is so great that even the jar of a person walking across the room disturbs the patient.

A dry cough with the sensation of a feather in the larynx, worse at night, calls for atropine; although cicutine should be remembered in these cases.

In pleuropneumonia, after bryonin has completed its task and there remains an extreme and disagreeable soreness in the side, atropine will be found effective.

In mastitis, when the gland is hot and red, hard and heavy, the face flushed, eyes are injected, pulse is full and bounding, head throbs, and there is an intolerance to light, atropine is of greatest service.

622 W. 71st St., Chicago, Ill.

(To be Continued.)

Reports of interesting cases are always appreciated by The SUMMARY.

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AN EVERY-DAY PHILOSOPHER.

By B. A. Souders, M.D.

Every doctor who has been in general practice many years, can recall one or more characters among his acquaintances whose peculiarities and eccentricities made an indelible impression on his mind.

Distinct in my memory, often recurs the picture of a remarkable old gentleman, now dead nearly a score of years. Gifted with great mental power and a forceful and original thinker, he was, by occupation only a common plasterer, and in just moderate circumstances.. Nevertheless· he read widely along scientific lines, especially medicine, chemistry and allied sciences. His deductions and theories were intensely interesting to me, then a beginner in practice.

Here are a few of his theories: He contended that the marriage ceremony should be performed only by medical men, and so restricted by the physical condition of the contracting parties that the race would constantly be tending to mental and physical improvement. Not such a bad idea, was it?

Another thought of his, that has frequently been a great benefit to me, was this: When in dealing with our fellow humans we are at a loss to know just what step to take in some puzzling or delicate position, just stop long enough to change places, mentally, with the one with whom we are dealing, surround ourselves with all his disadvantages, hererity, mentality, &c., and then, from that standpoint consider what would please us under those modified circumstances. My old friend contended that we poor human creatures are actuated by almost the same thoughts, feelings and desires, when surrounded by the same conditions.

Shortly after I had introduced the little lady who had just promised to "obey" me, to the old philosopher, he asked me if I had ever observed physicians' wives were almost invariably pretty, while the wives of ministers of the gospel were usually plain. He gave as the reason that doctors were concerned with the physical part of humanity, and naturally were attracted by beauty of face and figure. *Per contra*, the minister was dealing with the spiritual side and disregarded the external. What do the brethren think of the idea? My personal observation has been that all the doctor's wives I have met, had more than the average of good looks, but had, in addition, exceedingly sweet and lovable dispositions.

Winterset, Ohio.

SCIENTIFIC THERAPEUTICS.

By George L. Servoss, M.D.

The diagnostician has been classed among the scientists, as has the pathologist and physiologic chemist, but the therapeutist has always been considered a "rank outsider." Although he has been a necessary evil in the practice of medicine, he has been given but little credit for any of the terminations of pathologic conditions. In fact, so little has been thought of drugs, and their actions in overcoming pathologic conditions, that they have been given but scant attention until very recently. In spite of the fact that the laboratory has long been used in the perfection of diagnosis, but little was ever thought, until very recently of employing in connection with the treatment of diseases.

Of course, many drugs have been given attention by the laboratories, but rather to note their perfections, or imperfections, than to determine their therapeutic values. It has only been within the past few years that treatment has been directed in any way by laboratory experiment or test. It was thought that if the diagnosis was verified in this manner that was all that was absolutely necessary and that the doctor having a case under observation could then be guided by such signs or symptoms as might arise from time to time. To-day we find a decidedly different condition existing. We find the physician relying more and more upon the pathologist and physiologic chemist in determining just what remedy to employ and how much or how little of that agent to use.

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No one would consider a case of syphilis absolutely cured without a negative Wasserman. A very few years ago if there were no farther manifestations of the disease, after a prolonged treatment, it was pronounced cured. Many such cases have come under the observation of the members of the profession at later dates, bearing tertiary or other manifestations and with a positive Wasserman, and have been treated until such test became negative and remained so indefinitely.

With the recognition that toxemia, or autotoxemia played a considerable part in the causation, or in some instances the termination of the vast majority of diseases, the laboratory again not only became a useful agent in the verification of diagnosis, but as well in the direction of treatment. Before the employment of chemical, or other, tests for the determination of this condition, drugs were given in a haphazard method, reliance being placed in the signs and symptoms as a guide in the treatment. To-day we find the doctor making daily tests in such cases and frequently varying his treatment from day to day, based upon his laboratory findings.

Only recently, in one of the leading journals appeared an article upon death and its causes, and it was pointed out that, in the vast majority of instances death was not due directly to the disease under treatment, but to some associated condition. He pointed out that the terminal stage of pneumonia was genuine heart failure; of cancer, toxemia of one sort or another, due to interference with one or more of the vital functions; diabetes from profound toxemia, in a large measure due to acetonemia; Bright's disease from uremic poisoning. Other diseases were cited in which the termination was shown to be due to other than the pathologic conditions of the disease itself. If all diseases were treated simply according to the absolute pathologic conditions of the disease *per se* and other concurrent conditions were not considered, it is readily apparent that failures would occur in the vast majority of instances, and this is probably one reason why therapeutic agents in general have been pronounced worthless. It is only within recent years that these associated conditions have been given more than passing attention, and more especially in association with the laboratory direction of treatment. However, with the recognition that other than the classic conditions of the disease under observation played an important part in the termination, the laboratory has been called upon more and more to make tests for conditions other than those usually associated with the diseases under observation.

Within the year it has been my pleasure to have under observation several cases which, from subjective and objective symptoms were pronounced malaria, but which did not submit readily to antimalarial treatment. As these cases came under my observation, I suspected toxemia and made tests to determine whether or not such a condition existed, and in the majority of cases found that it did. These cases were taken entirely off antimalarial treatment and remedies which favored elimination were substituted. Daily tests were made of the urine to determine whether or not there was hyperacidity, or if indican was present. These tests not only assisted me in determining my diagnosis of the condition, but in addition directed the line of treatment. With a decrease in the acidity, the alkaline treatment was decreased and with decrease of indican the eliminatives were either decreased or withdrawn. This enabled me to apply therapeutics in a scientific manner and without guessing either as to the effects or results. Every patient so treated showed steady improvement and ultimate recovery, whereas under the previous treatment, which was practically wholly empiric, little if any improvement was noticeable.

Only recently a case of profound anemia, following recurrent hemorrhages came under my observation. While it was apparent without laboratory test that the anemia was present and that iron was indicated, as well as arsenic, blood counts were made from time to time. The cacodylate of iron compound was employed in this case, the initial dosage being one c.c. twice a day. As the blood counts showed improvement the doses were reduced from two per day to one, then one every other day, and finally when the count reached practically normal, the remedy was withdrawn entirely, the con-

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clusion being made that the patient would obtain sufficient iron from his diet to be sufficient to supply any slight deficiency. Had it not been for the laboratory tests in this case it is very probable that more of the remedy than was absolutely necessary would have been given and that it would have been employed over too long a period. This patient was to submit to surgical interference and not only did the laboratory direct the mode of treatment of the anemia, but likewise was of benefit to the surgeon as it guided him in his decision as to the advisable time of operation.

The discovery of the germ as the causative factor in disease production has done much to place therapeutics upon a scientific basis. Prior to the time of our knowledge of this factor our modes of treatment were almost wholly empiric, if not entirely so. To-day, if we do not employ antiseptics, we do employ agents which will overcome the activity of the germs which are causing the disease under observation. A few years ago we treated all diarrheas by locking up the bowel, thus overcoming the irritation for the time being. To-day, recognizing the fact that this condition is due to the microbic action, we administer antiseptics, which are invariably followed by happy, as well as speedy, terminations. Only very recently has it been found that the major portion of all germs produce what are called antibodies and that such bodies act to overcome the effect of the germs themselves. This discovery was followed by the adoption of antitoxins, vaccines and bacterins, which were employed hypodermically with good results. Here again has the laboratory played an important part in the direction of treatment. It has shown the presence of the specific germ in the beginning and its disappearance in the termination, and has directed the application of the therapeutic agent.

From the foregoing it is clearly to be seen that the application of therapeutics is being rescued from empiricism and being placed upon a scientific basis. It is a branch of study which has been neglected, time out of mind, but one which is being shown to be of as much, if not more, importance than is diagnosis.

Not only are therapeutics, particularly those of drug nature, being found of greater importance by the medical profession, but the public is realizing that fact and are demanding that more drugs be employed in the treatment of the sick. Very few will employ the doctor who drags a case along, month in and month out, without some sort of treatment and some sort of satisfactory result. Other schools than the dominant one have long since recognized the efficacy of drug medication, and they have been obtaining results where those who have employed the "expectant" plan have met with failure. This has reacted against this one great school, as the public at large has called more and more upon the other schools. The latter have taught therapeutics with great care, while the former has given the subject but passing notice, it being considered of secondary importance. A decided change is taking place, however, and the recent graduate and those to follow will be well grounded in this important branch prior to entering practice. They will be taught to apply the laboratory not only to the establishment of diagnosis, but to the application of treatment. To-day we find that, if the doctor would meet with success, he must be well equipped with a working laboratory, or be in close touch with one, in that he may follow every phase of the case under observation. If a single thing escape his notice he may possibly meet with failure, both as to diagnosis and treatment. He must have his chemicals, his microscope, his blood-counting apparatus, his x-ray and his blood-pressure apparatus. In fact, no matter if he be miles away from the metropolitan centers, he must be as well equipped as is his city brother. With such an equipment he will become a scientific practitioner, and will soon find himself making diagnoses and successfully treating such cases as he has been in the habit of turning over to the city specialists. He will arise from the ranks of empiricism and become a scientific diagnostician and therapeutist.

Gardnerville, Nevada.

After opening quinsy abscesses dilate by placing closed scissors in wound and opening wide to get free drainage.

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A FEW REFLECTIONS.

By James S. Sprague, M.D.

Examiner Med. Juris., Trinity University, Toronto, 1890-4; Examiner Mat. Med., etc., Coll. Physicians and Surgeons, 1903-7; Author Med. Ethics and Cognate Subjects, Ideals in Medicine, etc., etc.

CHEMICO-METRICAL MADRIGAL.

I know a maiden, charming and true,
With beautiful eyes like the cobalt blue
Of the borax bead, and I guess she'll do
If she hasn't another reaction.

Her form is no bundle of toilet shams,
Her beauty no boon or arsenical balms,
And she weighs just sixty-two kilograms
To a decidecimal fraction.

Her hair is a crown, I can truthfully state
'Tis a meter long, nor curly nor straight,
And it is as yellow as plumbic chromate
In a slightly acid solution.

And when she speaks from parlor or stump,
The words which gracefully gambol and jump
Sound sweet like the water in Sprengel's pump
In magnesic phosphate solution.

One day I said, "I will leave you for years,"
To try her love by rousing her fears;
She shed a deci-liter of tears,
Turning brown the turmeric yellow.

To dry her tears I gave her, you know,
A hectogram of candy; also,
To bathe her red eyes, some H_2O;
She said, "You're a naughty fellow.'

I have bought me a lot, about a hectare,
And have built me a house ten meters square,
And soon I think, I shall take her there,
My tart little acid radicle.

Perhaps little sailors on life's deep sea
Will be the salts of this chemistry,
And the lisp of the infantile A, B, C
Be the refrain of this madrigal.

Dear Dr. Sprague:

It gives me pleasure to send you a copy of my ballad of which you speak: "Chemico-Madrigal." You perhaps may be interested in knowing that I wrote this when a Senior at Harvard University, in 1873, and, as you know, it has had a great vogue.

Sincerely,

Harvey W. Wiley, M.D.,

Chief of the Bureau of Chemistry of the United States, Department of Agriculture, Washington, D.C.

To this madrigal of our brother who recently resigned office, after being in the limelight for many years, and who will become director of the department, "Good Health and Sanitation," at Washington for Good Housekeeping, (Boston), the women's magazine, I add a few scholia and annotations more or less in conformity with the work of our brother, who in his thirtieth year was the author. I may say with Locke: "It is beyond the power of humanity to spend a whole lifetime in profound study and intense meditation, and the most rigorous exacters of industry and seriousness have appointed hours for relaxation and amusement. Depew has this view: That life is full of compromises and they are absolutely essential, for no man can live unto himself and for himself alone." "A marriage (said St. Augustine), without children, is the world without a sun." Another fact given us by Depew is this: "Every profession is a jealous mistress and requires the best thought and time of her votary, but she is a wise mistress and knows that the attentions to her are fresher if her lover takes recreations and vacations." Professor Metchnikoff, in his masterly work, "Prolongation of Life," says: "Man is capable of much, and for this reason we hope that we may be able to modify his own nature and transform his disharmonies into harmonies. It is only human will that can attain this ideal."

These lines of Richard Le Gallienne, appearing in *Harper's*, when re-read, says *Literary Digest*, completely detach themselves from the class of conventional verse to which they at first seem to belong:

All the words in all the world
Can not tell you how I love you,
All the little stars that shine—
To make a silver crown above you.

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All the flowers can not weave
A garland worthy of your hair,
And not a bird in the four winds
Can sing of you that is so fair.

Only the spheres can sing of you;
Some planet in celestial space,
Hallowed and lonely in the dawn,
Shall sing the poem of your face.

Dr. Crane, of Chicago, in "Fermenting Thoughts," writes: "If love thoughts are going to 'kep' and not play havoc within us, we must air our hearts often and keep them clean, and be on the watch for the insistent microbe that dearly loves to multiply in a love 'culture.' Clean up or cast out every fermenting thought, whether uncleanliness or distrust, the memory of a wrong, or the apprehension of disaster."

"Feed your mind on clean, sweet and wholesome thoughts. Above all do not indulge in self-pity, most horrible of all mental toadstools. "Keep thy heart," said the wise man, "with all diligence, for out of it are the issues of life."

Let a man reverence himself, then he is not far from believing in God.

"O what a world of vile ill-favored faults look handsome in three hundred pounds a year!" says the "Merry Wives of Windsor." If so, it is advisable that young men with the title of M.D. honorably won, and which no king or potentate can give, should follow, unless wealthy, the wise and praiseworthy example of impoverished knights, dukes, earls and baronets who take to their castles and crested bosoms the daughters of millionaire pork packers, and others, who, however humble their birth, are handsome with diamonds and in satins, yet, "love like a shadow flies, when substance love pursues; pursuing that that flies, and flying what pursues," for her, who, I pray, will pray, "will share my house, and hold my heart and take my honored name." —"lest, (as Ruth iv., vi., says) I mar mine own inheritance. This is from a speech of Othello referring to his courtship of Desdemona: She swor't in truth 'twas passing strange; 'twas pitiful, 'twas wonderful pitiful; she wished she had not heard it, yet she wished that Heaven had made her such a man; she thanked me and bade me if I had a friend that loved her I should but teach him how to tell my story, and that would woo her. Upon this hint I spake." Is there cause for wonder.

If we, who are of learned profession, would study the original writings, or even the translations of the ancient classical authors, we would find many instances in our researches and pleasing studies, which would remind us that many of our to-day distinguished scholars are posing as brilliant men and yet are but putting new interpretations to words given us by scholars before the Christian era. One fact is, as Montaigne tells us: "There is more ado to interpret interpretation than to interpret things, and more books upon books than upon all other subjects; we do nothing but comment upon one another." In brief, "we weave the cast-off ideas of bygone ages into the garment of languages; and by nimble shuttles, and the chemistry of time, create a new meaning for words expressive of old theories and sentiments."

Jovenal, the Roman satirist, after the age of 60, and during the first century of our era, produced his famous satires in which he so severely, yet warrantably, lashed the vices and follies of the citizens of Rome, which are rapidly appearing in these our days. I may state that his satires are worth the study by moralists and students of eugenics, of marriage relationships, and all social interests of state and home. In Satire vi., 175, he says:

"Who weds the husband whom her purse invites,
Preserves, unchallenged, all her spinster's rights."

That many true illustrations of this saying can be presented to-day, is evident. Burns writes: "I got my death from two sweet een, two lovely een o' bonny blue, 'twas not her golden ringlets bright; her lips like roses wat wi" dew, her heaving bosom, lily white—it was her een sae bonny blue." The words of James Whitcomb Riley are: "Her face and brow are lovelier than lilies are beneath the light of moon and star, that smile as they are smiling now . . .
So luminous her face and brow, the lustre of their glory shed in memory even blinds me now."

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Madame Sylva sang: "'Tis the melody of love, the sweetest one of all, like the cooing of a dove, as the evening shadows fall. Every heart that beats below, every bird that flies above, knows the sunny, and serious, sweetly delirious song of love."

The moral of this contribution is: "As ye sow, so shall ye reap, for one cannot gather figs of a thorn tree nor grapes from thistles."

Dean Walter T. Summer, of the Cathedral of Saints Peter and Paul, Chicago, says: "Beginning with Easter no persons will be married at the cathedral unless they present a certificate of health from a reputable physician to the effect that they are normal physically and mentally, and have neither an incurable nor communicable disease."

Yes, eugenics and phylogenesis should be a study by our profession and the nation, and no one should be allowed to marry unless duly examined, and by authority of our profession—not osteopaths—Christian scientists, chiropractists, or fakirs. We want able men like Dr. Bogert in every state and province to assist us in the" Great Work," for sterilization is cheaper than the building of walls for degenerates and the unfits.

As a donor has arisen with a gift of $100,000 to Cambridge University, England —and with which to establish a chair—the Balfour Professorship of Genetics, it is evident that the distinguished A. J. Balfour by his writings on this subject, has won many admirers and among them the giver herein named. If, as Gladstone says: "Physicians are to become the future rulers of nations," and it appears from the study of great reforms that there is truth in the words, it becomes us to encourage legislation which shall not permit others but the physically and mentally strong, and vigorous to be sires and mothers—for those for whom "planets have toled and forgotten suns have burned"—that man—God's masterpiece—should and may live in order that His great work be accomplished. If our legislators and our medical councils are to allow interference to our work by permitting baseless cults falsely termed medical—our existence, our progress, will be slow—the nation suffer and our universities disgraced.

Yes, as Ingersoll tells us: "Time runs on in sun and shade until the one of all the world is wooed and won, and all the lore of love is taught and learned again. Again a home is built with the fair chamber, wherein faint dreams, like cool and shadowy vales, divide the billowed hours of love. Again the miracle of birth—the pain and joy, the kiss of welcome, and the cradle-song drowning the drowsy prattle of a babe.

And then the sense of obligation and of wrong—pity for those who toil and weep—tears for the imprisoned and despised—love for the generous dead, and in the heart the rapture of a high resolve."

SOLILOQUY.

The public press one year since announced that our distinguished brother—the author of *Madrigal*—had decided "to take her there," and not having heard that there was "another reaction," and being aged 67, it is my wish, and the wish of us all, that the "salts of this chemistry" has had its "little sailors." Brother, my apology is that, in some respects, which Dr. W. H. Drummond ascribes in his "The Country Doctor" to the old doctor (of my age and that of Dr. Wiley, viz., 67 years):

"For it's purty old, ole; ole story, an' he always have it wit' heem
Ever since he come among us on parish St. Mathieu,
An' no doubt he's feelin' mebbe jus' de sam' as noder feller,
So he rader do hees talkin' about somet'ing dat was new."

Perth, Ontario, Canada.

TIME TO OPERATE IN APPENDICITIS.

In the early hours of an attack, preferably the first twelve, insist on operating, provided a competent surgeon is to be had, and tell the patient that an early operation by a competent surgeon is practically safe, but that the non-operative treatment is safer in any event than operation at any time by a surgeon of doubtful ability.—*Dr. Christian Johnson, M.D.*

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THE SYSTEMS OF MEDICAL PRACTICE.

(*That which has been is now.*)

By G. Curson Young, M.D.

The systems of medical practice are many; if all the forms of practice may be called systems. Systems implies thought, care and interest in the object of the system and order.

All systems of medical practice are based on some form of science and reason; even those who practice healing without medicine claim a system of science. The Eclectic, Homoeopathic, Allopathic, Physio-Medical and Bio-chemic are the five systems of practice generally accepted at the present time, and these are to a certain extent, somewhat a confusion and little short of a contradiction. For instance, homeopathy: any drug which will produce the symptoms of a disease in a healthy person will cure the disease which the symptoms produced indicate. Allopathic, Hetropathic: founded on *differences*, by which one morbid state is removed by inducing a different one. In the dosage of medicine: if the Allopathic would give one grain of a drug as a dose, the Homeopathic dose would be a fraction of a grain of the same drug. It is *dogma* in a broad sense in both cases. If an Homeopath, or Allopath, professed, in their faith, and dogma, should at any time trespass on the *dogma opposite*, they have broken faith with the *dogma of similar similibus and differences*, and become Eclectic. Faith in dogma may have considerable effect in matters of religion, but not so much in medicine.

The nucleus of new systems of medicine have usually been based on the defects of a former system, either, inefficiency of the means used or mode of application caused the failure.

Morbid diseased condition of the human body, or wounds received in conflict with man or beast, must have been the first cause for the use of the medicine man and his remedies, as a mediator or interpreter of physical defects.

It is related in the oldest history of man that many of the people lived hundreds of years, but they all died, and it is fair to suppose some of them died of some disease, and most likely under some system of medication. The system of medicine adopted by the ancient people of the earth was largely an intuitive one, very much after the manner of animals, such as the horse, ox, sheep, dog, cat and others, all of which are often seen seeking some special herb, root, bark or leaf. Many remedies are used by man that were suggested by the habit of some animal or by self instinct.

The nucleus of man was probably as large as the nucleus of the earth, and as all things, vegetable and animal were made for man, his intuitional comprehension being equal to the kingdoms put under him whether useful for medicine or food he would have a natural instinct in choosing both, his fool and medicine. This was the instinctive or natural system of medicine. This system has sustained its good reputation against all other systems.

As far back as we can trace the history of man, we find some men with a special calling. The functions of the priest, physician and teacher or doctor of law, were at first united in one profession, and it matters not how far we go back, we cannot find a people on the face of the earth, without a religion or a medicine man with a system of practice, and all the tribes of earth have ever looked upon the priest and the physician as partakers of some sort of an occult *divination* with much influence over natural organic laws, which implies cause for the established mode in which the action and phenomenon connected with the laws of growth, health, decay and death, which takes place, in both, vegetable and animal life. There are as many laws of nature as there are relations between different organic bodies, including man, and the perversion of any one law means a lower vitality, which is sure to end in disease, latent or active, demanding the remedy which nature has so carefully provided in the system of natural therapeutics, but it is left to the educated man to discern the right from the wrong; for this purpose man is constituted with an inborn intuition, guided by this, as a physician he will found a correct system of practice.

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There has always existed a system of natural medical practice. Cronos, Chiron, Machaon, Podalirus, Asculapius, Hoppocrates and many others, used herbs, roots and barks as medicine, we know, since the thirteenth century B.C. There is no evidence to prove that this system of medication was not continued down to the time of Pythagoras, 580 B.C. The school or college of Crotona, where Pythagoras was educated, taught vegetable medication, and we have a number of cases in Syria, Babalonia and other countries where Crotona graduates were called to administer remedies for disease, and in many cases it is recorded that the physician, after examining the patient went into the garden or field and collected herbs for medicine.

Democedes, a noted physician of Crotona, performed a medical cure of a sprained ankle joint of Darius, King of Persia, 592 B.C. He treated and cured a cancer on the breast of Atossa, one of the King's wives, and daughter of King Cyrus. Many other cases are recorded of cures being made by physicions whose system of practice and therapeutics consisted in vegetable products. The Greeks had allowed the practice of medicine to be over-shadowed by other sciences, and philosophy, but the Persians continued to improve and make the science of medicine more perfect and useful. The Persians were much exercised in surgery, doing many operations with great skill and advantage to the patient. For reducing inflammations, antiphilogistic treatment was largely indulged in by them, and it is astonishing how quick wounds made by their war and other instruments were healed, with the expressed juices of herbs and roots.

This system of practice continued and was in use when Hippocrates began to attract attention. His pathology was of the same order, but somewhat better defined, and causation of disease brought out in a more definite form, physical, chemical and structural causes assisted by ythe four elements, *heat, cold, dryness and moisture;* also the four humors, "Blood, bile, black bile and phlegm." As pathologic indicators and ætiologic factors, Hippocrates' doctrine was that all diseases proceeded from the four elements, the excesses of which engendered one or more of the humors improperly concocted. This was known as "humoral pathology," or system in which very little medicine was used, but dieting, good conduct and large draughts of infusion and emulsion of marsh-mallow and mandragora. It was not long, before the system practiced by Hippocrates was taken up by the schools of philosophy, and the empirical, theoretical and philosophical systems of medicine mixed with pythagorian philosophy inaugurated a reform in habits, hygiene and diet.

From 400 B.C. to the time of Galen, 160 A.D., Coction, which was understood to mean the morbid material of the body and the processes it passed through prior to its elimination through the organs of excretion, thus mixing the morbid matter with the humors; then came the cricis—The Autiointoxication.

About this time varied distinctions occurred between the rival factions of physicians and their systems of practice; one historian says that not less than a dozen among the Latins, Greeks Egyptians and Arabians. The Rationalists and Empirics were so antagonistic that they denounced each other in vile terms.

The chief cause of dispute was, occult, or constituent causes, also their evident and exciting causes. The Cnidus School held diseases as logical entities always manifesting an essential appearance, and not mere accidental groups of symptoms. Thus they described seven different diseases of the biliary organs, twelve of the bladder and four of the kidneys, four kinds of stranguary, three of tetanus, four of jaundice, three of pulmonary phthisis, and four of cancer.

The doctrine of self-limiting disease announced long before this time by Asclepiades, 63 B.C., caused no less than three factions, which held in whole or in part that disease was like hunger, which must be appeased; and the treatment should be such as would stimulate a desire for succulent herbs, such as cactus, ever-greens and marsh mallow.

Herophilus called attention to the pulse as being of value in diagnosis. Erasistratus pointed out the nerves of motion as dis-

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tinct from the nerves of sensation, and Dioscorides in 54 A.D. arranged and prepared a materia medica. In this work we have a distinction and a very proper one. A *medicament* is applied to that which heals bodily and mental diseases. Whereas *remedium* is that which aids in the alleviation of pain. They said that there are remedies for a cold, but no *medicament*. There were even finer distinction than this made, which is somewhat remarkable in so early an age of an inexact science which had endured so many ebbs and flows

Celsus was the moving spirit of the first century A.D. He made an impression as a devoted empiric and had a large following. His writings were so effective and convincing that a new system based upon his doctrines, was established. Celsus claimed the knowledge of causation and cure of disease was more important than the knowledge of Roman and Greek philosophy to the physician, if he could not obtain them both. "When remedies are found then men begin to discourse about the reason for their use. For medicine was not given in consequence of reasoning, but theory was sought for after the discovery of medicine." On the appearance of any new disease the physicion would not be obliged to have recourse to occult things; he would seek for its resemblance to disease already known and meet it by remedies analogous to such as had been successful in a similar malady, until the true (or definite) mode of treatment could be discovered.

Not that judgment or reasoning is unnecessary to a physician, or that an irrational animal is capable of practicing medicine, but conjectures which relate to occult things are of no use."

Celsus was guided by experience and was an ardent empiric. Unlike Hippocrates, he had little or no faith in or use for theory and the occult. He believed in the self-limitation of disease as taught by Asclepiades, and the communicability of disease as taught by Thucydides. Celsus taught that all things in nature were subject to natural definite laws, and that medicine was definite in its curative action, when the proper medicine was used, and that experience would teach how and when to select the medicine for each disease. Although Celsus used decoctions he practiced definite medication very much after the manner it is practiced at the present time. The two systems of medication which prevailed were the empiric and the pathologic, humoral.

Galen opposed Celsus by his theoretical conclusions, as against Empiricism. Although Galen did not write definitely on medicine, yet his works are to some extent expositions of his theories and he formulated a number of doctrines and largely pursued the same system, with some variations, as distinguished Hippocrates, whose disciple he was proud to be known.

Galen is better known for his code of medical science, which as one writer says, "Possess no great originality, made up of the doctrines of his predecessors of every sect and disfigured by many incongruities." Yet as a whole, this code is remarkable for its general unity and consistency, but his fundamental doctrines are too often the creations of the imagination.

Galen was a theorist and his disciples are with us to-day in large numbers.

His system of practice was very much like unto that of Hippocrates and Areteus, to use only a few remedies and never the monstrous compounds as used by the charlatans of Rome. Evacuants, emetics, purgatives, refreshing drinks, diet, faith, the keystone, and stimulants, were much depended upon. Galen gives us little of prescription formula or description of disease except the plague, and that is intermixed with his extravagant verbose to such an extent that it is of little or no value. This is so unlike Celsus, who, in his fifth book under the title of Morbi Medicamentio *Curandi et Medicamenta* has given upwards of one hundred prescriptions, besides many in the other books. Anatomy and materia medica are fully elucidated. Galen was a brilliant scholar and his influence extended far and wide during his life and long afterwards, but we fail to find any reason why he should be placed above the rank of Celsus, Hippocrates, Areteus and many others, as a physician.

Washington, N. J.

(To be continued)

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GIVE US MORE OF THE PRACTICAL.

By George L. Servoss, M.D.

One can hardly pick up a medical journal without running across one or more articles which, although somewhat relevant to medicine, carry nothing of a real practical value to the average general practitioner, more particularly he of the country. Page after page is devoted to eugenics, or some other subject of like nature. Such subjects are of more or less value to all of the profession, but have no great value for the country practitioner. In those country neighborhoods where we find few jail occupants the doctor cares but little regarding the matter of unsexing of the criminal, and articles relative to the operation therefor are of no practical interest to him. It is true that every doctor should assist the educators of the rising generations in the teaching of practical physiology, in that the children may be taught to take better care of themselves, but every doctor, if he knows anything of psychology, is in a position to give such instruction without being obliged to read article after article in the medical journals upon the subject of eugenics.

Of what real value, practically, is an article devoted to the subject of divorse and how to avoid it? It is probable that a great improvement could be brought about in the approach of a man to his wife, but what doctor is going to interfere with family affairs of this sort? How long could he carry on such a campaign of education without getting himself disliked? The people do not appreciate efforts of this sort, even though they be made with the idea of bringing about better social conditions. It is a noticeable fact that those doctors who have interfered with family affairs, other than their own, have eventually either sustained great losses of practice, or have been obliged to seek other locations. It is well that the people should be educated, but it does not seem practical that the doctor should undertake anything of the sort, unless specifically called upon, and even then he should make progress slowly. This is a subject which is given considerable space in the journals to-day. Despite any education as regards proper love-making which may be advanced by the doctor, I doubt if the divorce courts will become any less busy. Leave such matters to the preacher, who is supposed to care for the spiritual welfare of the people. Let the preacher learn „how, when and where to do it," and let him give advice upon the subject of greater love man for woman, or woman for man. He can do this without getting himself disliked.

Instead of devoting page after page to eugenics, or subjects of this sort, let the medical journals stick more closely to medicine and subjects of more practical benefit to the profession at large.

Every day, and more especially since the introduction of salvarsin, we see the Wasserman test mentioned, but I doubt if a single journal within the past year has given the technic of this test. Every practitioner is supposed to know just how to carry a Wasserman to completion, but I would be willing to wager that many of the older practitioners know absolutely nothing of the technic thereof. More especially is this true of those who happen to be practicing in poor and sparsely populated areas, and who have not the means which allow of frequent post graduate courses. Let the journals give us matter of this sort, which will be of practical nature.

In the consideration of typhoid fever the question of diagnosis frequently rests upon the Widal, but how often and in how many journals within the past year, has one been given any idea as to how such a test should be carried out? Every doctor is supposed to know something of this, but how many in the wilds could give the technic of operation? Would it not be far better if the journals were to give an idea of how to do either the Wasserman and Widal at least once every six months, than to ignore these important tests and give the space to articles of practically no value to the average general practitioner?

To-day we find the city doctor giving much attention to the blood count, both in consideration of diagnosis and subsequent treatment, but in how many instances do you find the country practitioner giving

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this matter even passing attention? In but very few. How many articles regarding the blood count, both in health and disease, have appeared within the journals within the past year? I believe that the general practitioners all over the country would appreciate articles relative to this subject, telling them how to make blood counts and advising them as to what relation such counts had to disease. Of course the doctor is supposed to know these things, but he of the country who may not be able to get to a society meeting, or mingle with those versed in modern matters at very frequent intervals is not posted relative to things modern.

We find the insurance companies demanding that all examiners be equipped to take blood pressure, and that, in addition this is a matter of paramount importance in the everyday practice of the physician, but what journal, if any, has given the doctor any article of practical worth, upon this important subject. Would it not be well for some one to devote a little time to the technic of manipulation of blood pressure apparatus, and also give us an idea regarding the relation of the different pressures, both in health and disease? This should be a subject for discussion in the journals at least once every six months.

Every doctor should have a microscope and know how to use it, but how many of the older men of the profession have noted in the journals any articles relative to the handling of this very important adjunct to medicine? How many articles relative to manipulation within the pathologic laboratory have been printed within the pages of the medical journals within the past year? Has any writer ever given us a practical article upon the use of the microscope, telling us of the relations of eyepiece to objective, the use of the condenser, the diaphragm; in fact, any of the mechanics of the instrument? This is a subject of practical value to the general, as well as the special, practitioner, and one which should not be overlooked by the journals. A single article a year in relation to the physiologic and pathologic laboratory would be of far greater value that would the articles now appearing upon subjects only slightly relevant to medicine.

The urine, feces, sputum and other excrementitious substances are now the subject of examination, both chemically and microscopically, but who, other than the skilled pathologists, can make such examinations? What have the journals had to say regarding the technic employed in such examination? Is it not true that the majority of general practitioners have been obliged to send such substances to distant cities for tests thereon? Would it not be well for the journals to give us an idea, and a full one, regarding such tests, in that the country doctors might be able to carry them out immediately and without excessive cost to the patient, as well as a loss of time, both to patient and doctor? Some little attention has been given to the technic of urinalysis, but more space could be devoted to examinations of all sorts, and I believe that the journals should not overlook these matters of great importance.

A revolution has been taking place in relation to the application of drugs and their application in pathologic conditions, but many of the journals still cling to the older ideas of medicine and do not give space to the consideration of this subject. In consequence of this the education in the use of drugs is overlooked to a very considerable extent, and those doctors who only see one or two journals a month do not receive the latest ideas regarding the application of drugs. I believe that it would be well for every journal to establish a column of review of the latest ideas and findings regarding things therapeutic and give their readers the benefit thereof, even though they might devote the major portion of their space to things of a faddish nature. How many of the country practitioners know that it is possible to absorb many of the specific infectious diseases if the proper remedies are employed early and pushed to full therapeutic effect? A good many, of course, but far too few and the medical journals are largely to blame for this. Let the journals give more space to the consideration of articles upon applied therapeutics, even though the editors may not agree, in toto, with the ideas of the writers. Many a country doctor makes discoveries which would be of value to the city practitioner, and the

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former should make public, through the medical press, all of his findings out of the ordinary. Some things, in connection with therapeutics, may seem very ordinary, but if published it will be found that ideas, new to many, will appear.

Let those journals which are devoting so much space to fads, drop some of the papers devoted to such subjects and give the space to matter which will be of more general benefit, both to the doctor and his patients.

The medical journal should be an educator in things medical, and practically nothing else, if it be of practical use to the reader, and the latter should demand that only practical medical matter be printed therein. It is not necessary that the articles therein be "'long winded," as it frequently occurs that a few lines, or even a few words, will carry ideas of vast practical value to the general practitioner. No matter, however, whether the articles be long or short, let them be of practical nature, in that they may be read with profit. The medical journal should be retained as a reference, but if it contains nothing but faddish stuff, it becomes practically worthless after the first reading, and may be better employed as kindling than for any other purpose, as it will not serve to fill space which should be given to practical references. Let every editor give this subject careful and prayerful consideration and let us have medical journals at least partially filled with practical, every-day stuff.

Gardnersville, Nevada.

WHAT TO DO FOR GOITER.

By Wm. M. Gregory, M.D.

When goiter treatment is mentioned most doctors think at once of iodine in some form, or else thyroid gland. I did once, but I have got something better now, although after all it is only an old remedy in a new and vastly more efficient combination. Several years ago I prescribed for a woman who had a large fibrous goiter of long standing, and who was suffering from a very irritating tracheal cough, probably caused by the irritation of the goiter, a prescription of powders each containing a very minute dose of proto-iodide or yellow iodide of mercury. I did not see her again for about two months, and when I did, was astonished to see that that hard old goiter was about three-fourths gone. That was eight or ten years ago, and since that time I have followed up the idea, and used the proto-iodide in a large number of cases, and I wish to say to the profession that in all young, incipient, or soft goiters it is practically a *sure thing*. It will do much for some very long standing and large goiters, and should be given a thorough trial in such cases, but the difference lies in the fact that you are perfectly safe in promising a cure to the young woman with recent goiter, even if quite large, when it is not safe to do so with old cases with harder and more fully organied goiter tissue. A physician who has once tried the proto-iodide of mercury will never try again to reduce the patient's neck by painting it with iodine or by feeding her thyroid gland. It is always necessary to watch young goiter patients closely for anything that might cause *uterine irritation*, as if anything of that sort exists it will probably spoil your best work done for the goiter. Give the patient a prescription containing specific gelsemium, cimicifuga, and pulsatilla, if you can detect any uterine disturbance along with her proto-iodide powders. Now, a word as to the dose. I have used powders containing from 1-10 grain of the proto-iodide to 1-30 grain. I use what is called the 2x or 1-100 trituration of the yellow proto-iodide. A ten-grain powder will contain 1-10 grain of the drug and a four-grain powder will contain 1-25 grain. Now, you certainly can get little tablet triturates containing any dose you want of the drug, but just take my advice, don't you do it. For some unexplained reason, a very little dose of medicine will produce a vastly bigger effect if it is scattered through a large powder of some inert material, than it will in the form of a very minute tablet or pill. I usually give these goiter patients a powder every two hours for two or three days; then four times a day. This proto-iodide is as much a specific for goiter as quinine is for malaria,

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or mercury or potasium iodide is for specific disease.

Berea, Ohio.

PHASES OF THE MOON AND THE TIME OF LABOR.

By Thomas R. Evans, M.D.

It usually provokes a smile to speak of the effects of the moon upon anything than upon the water of the ocean. Yet in that person who in her phases is so like the moon may not the moon produce certain rythmical effects? But fortunately for this little paper, we will not consider causes or effects, only coincidences. Strangely, except by the astronomer, mariner, and the supposedly ignorant farmer, the objects to be seen in space at night have not been scientifically utilized.

It would make this article too long to tell of the common use of the north star and of the moon to the sailor, or to defend the supposedly absurd or not absurd guidance in agriculture afforded the farmer by the moon. On the tractless sea the moon is the sailor's timekeeper, while on the soil it often gives the time for the planting.

By the medical man it can be used as the most convenient "ready reckoner" as to the probable time of labor. In daylight he can consult the calendar or almanac. Indeed, the moon is quite as reliable, if not more so, than the tables given for the calculation of the date of labor, and can be used to confirm or to refute the table. If the date in the table corresponds with a period of the new moon, or its following crescent, or with the last quarter or with its crescent, it is probably correct. If not, the 280 or 285 days may be ignored, as the woman has probably given the wrong date from which to reckon. The period of the full moon may be said to continue for four nights, more or less. In September and October, in which the harvester and the hunter have several days and nights in which to work and to hunt, there is but little liability of a confinement during a week in those months. The late month of May gave two conspicuous times of freedom from cases of labor, inasmuch as it gave two full moons.

How did we arrive at this very useful and unusual information? We found that women are very seldom menstruating when the moon is full, and were confirmed in this by Landois, a noted foreign physiologist. It then followed that women are not liable to have babies at that time, for such babies usually come "around about" the time of a menstrual period. The third menstrual period, or what would have been the third period had not pregnancy intervened, is a noted time for abortions. The tenth menstrual period, held in abeyance by pregnancy, is usually the time of labor.

But these calculations must not be considered as exact or invariable. Of course, the moon is not full on the same date in each month. Its phases change backwards and forwards, but it is sufficiently constant for the sailor in reckoning longitude. So no woman is usually menstruating on the same date each month, but she is about as regular as the phases of the moon. It sounds like harkening back to antiquity, but certain functions in woman are undoubtedly coincident with lunar manifestations. We wrote that we would only consider coincidents, but we cannot resist the temptation of adding, as if in confirmation of one of the many alleged causes of labor, that the fetus comes out of the uterus to make water, the following: Lately I delivered a boy child, and before the cord was tied, he delivered a bold stream, and the color of it was like that passed about noon in the adult; as if he too had eaten and worked. Thinking of the old ancients' cause of labor, I had to laugh.

Now, if this article causes more knowledge of the moon than that displayed by the man holding on to a lamp post, who said that he was a stranger in the town, and therefore did not know whether it was the moon or the sun which shone, an advance will be made. The city doctor is more oblivious of the moon than is his country brother. From henceforth let them who practice obstetrics mix the moon with their work, and they will find it both pleasant and profitable, and great discoveries may be made. Astronomy must not be confounded with or prejudiced by astrology. Broadly, medicine touches all science.

Huntington, W. Va.

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Medical Gleanings

Under this head we endeavor to present a Condensed Summary of Practical Medicine, drawn from the best and most reliable sources, thus saving our readers much labor in winnowing out from the chaff, medical grains of real value.

ACONITE AND ITS USES.

Dr. Douglas H. Stewart, of New York city, in a late issue of the *Medical Standard* says: I use aconite in fever whenever there is a rapid, strong pulse and a dry, hot skin. I always use the homeopathic mother tincture unless I'm overruled by my confreres. The danger of overdosage is exaggerated. Five minims in half a tumbler full of water and given in teaspoonful dosage every ten minutes is about as useful therapeutically as five minims of the tincture three times a day. Blueness of the lips and fall of the blood pressure are the signs of danger. Note tingling of the lips if the patient is conscious (this is often missing in typhoid fever). I have used aconite in many forms of neuralgia, but find it inferior to gelsemium. I have had no experience with local applications of the drug. In nervous affections I generally prefer gelsemium. Aconite is also employed in tachycardia—especially in the racing heart of actors, singers, etc. "Ask yourself," says Dr. Stewart, "would this case be helped by bleeding?" If so, use aconite. I also use the drug in cardiac hypertrophy—1 or 2 minims three times a day. Have not used aconite externally; but injected aconite into a painful sciatic nerve. It hurt so badly that pain ceased to be a factor in the case! Did it once! The patient begged for amputation as a relief. Have had much trouble with the preparations of aconite and prefer the homeopathic mother tincture because (1) it does not act explosively; (2) it acts as I expect it to; and (3) I can get it "around the corner." It will relieve the painful throbbing of peritonitis, but otherwise is of little value in that disease. It will stop diarrhea, but I do not know why. I rarely use it in continued fevers. Aconite is good in suppression of menses due to surf bathing (three cases). Results of aconite sweat are good. Have also found it useful in cholera infantum in connection with saline irrigations.

AN ANTISEPTIC NASAL OINTMENT.

Dr. Bourgeois is credited in the *Journal de Medecine de Paris* with the following:

℞ Balsam of Peru .....gr. xxiij.
Wool fat .....3iiss.
Petrolatum .....3v.
M. ft. unguentum; dispense in a tin tube.

Taken early, as soon as the posterior nares are affected, this ointment will abort a coryza; it is also useful in simple chronic coryza. In atrophic ozænous rhinitis, in which the membrane is much inflamed, the dose may be largely increased.

Properly to use a nasal ointment the patient should lie flat on the back, introduce into the nostril the end of the tube, and inhale by repeated short efforts, while pressing the flexible container, until the ointment is felt to fall into the throat; he may then rise and expectorate, when much of the adherent mucus will be expelled along with the excess of ointment.

A PERSISTENT CHRONIC COUGH.

A dry, harsh, hacking cough, with constant tickling in the throat, or with a sensation of burning the in throat and post-nasal region, can be cured by dissolving a grain of nitrate of sanguinarina in four ounces of water and giving a teaspoonful every hour or two. Winter coughs may be cured by the persistent use of this remedy.—*Dr. Ellingwood.*

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SUMMER DIARRHEA IN INFANTS AND CHILDREN.

Dr. M. J. Synott, in *Archives of Pediatrics,* says: Lactacid tablets are of use in certain afebrile and protracted diarrheas with tympanites and other evidences of intestinal putrefaction, and adds that sulphocarbolates of soda is a valuable remedy also in this condition.

We are glad to find the value of the sulphocarbolates being appreciated more and more, although personally we should prefer the sulphocarbolates of calcium and of zinc in the summer diarrhea of infants and children, the calcium salt, because this is very necessary for the growth of the organisms, and is apt to be deficient, the zinc salt in doses about one-quarter of those of the calcium sulphocarbolate, for its astringent effect.

GASTRIC CATARRH.

Acute gastric catarrh, acute gastritis, acute dyspepsia, gastric fever, bilious fever, is acute catarrhal inflammation of the mucous membrane of the stomach, characterized by feverishness, loss of appetite, nausea, vomiting, pain in the epigastrial region or discomfort in the abdomen. In severer forms they start with a chill and a febrile reaction where the temperature may rise to 102 or 103. The tongue is heavily coated, vomiting is frequent, containing the beginning particles of food, later mucus and bile. There is constipation, frequently colicky pains and diarrhea. Mild attacks do not last very long—a day or two. In the severer forms where the gastric mucosa has been damaged more deeply and the secretion of gastric juice reduced to a minimum, we have got to be very careful in the selection of food after the acute symptoms have subsided and begin with small quantities of milk and farinaceaus decoctions which call for minor digestive activity. Even at times these foodstuffs are not well tolerated, and it is advisable then to order them peptonized, to substitute artificial digestion for the natural one. A course of tonics, stomachics, bitters, which stimulate the secretory powers of the gastric mucosa, are indicated in the period of convalescence, after a severe attack of indigestion.

THERAPEUTIC ABORTION.

It is a matter requiring in some cases almost more than human knowledge and insight to know whether it is best to terminate an unnatural gestation or depend on nature to at last work out the case in her own time and way. Hyperemesis gravidarum is the one condition that often calls for intervention. This distressing affection has been divided into three types depending upon the causes. These are reflex, neurotic and autotoxic. The latter is the most common.

The one major symptom is continued vomiting and the depression and inanition that accompany it. Palliative measures that are to be given a trial are recumbency of posture, diet, drugs, etc. Free saline catharsis and high colonic flushings may clear up some of the symptoms. If, however, the vomiting continues persistently and to the doctor's positive knowledge; if the woman is growing weak and emaciated with a weak and thready pulse; if nutrient enemata prove futile and the natural trend of the case is progressively downward, then the question of emptying the uterus must be considered. All sides of the case should be studied without bias or prejudice; there is danger if he does and danger if he does not. The counsel of at least two other physicians should be secured. The case must be studied from the objective rather than the subjective symptoms. While this is a case for "masterly inactivity," yet it is one that can not be postponed too long if interference is really indicated, lest the woman lapse into a low state of vitality from which she can not rally. Any case of vomiting which is accompanied by symptoms of sepsis should have active palliative treatment. If there is not an amelioration in a few days, measures looking toward treatment more radical should be decided upon.

To abort hay fever take a three-grain pill of zinc valerianate three times daily before meals for a full month before and after time of expected attack.

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Notes and Queries

For this Department we cordially invite Questions, Comments and Criticisms on all Topics of interest to the Physician in his daily work for relief of the sick, thus making the Summary a valuable medium of communication between the medical profession.

Correspondents will give their names and addresses, but initials will only be printed when desired.

The queries in this issue await the Answers which our intelligent readers may be pleased to contribute for publication in our next.

IN RESPONSE TO INQUIRIES.

Editor Medical Summary:

In response to your inquiry and several others of the same nature, I will say that I have usually used ignatia in about the proportion of eight to fifteen drops to a four-ounce prescription, dispensed in water, always using specific or normal tincture of ignatia, which contains one grain of assayed drug to each minim of finished product. For the tonic mentioned I usually dispense fifteen drops of ignatia, forty drops of cinchona and thirty drops of dilute phosphoric acid to four ounces of water. Give a teaspoonful every two hours, or three or four times a day, according to the case and the patient. For very nervous, delicate, or susceptible patients, eight or ten drops of ignitia to a four-ounce prescription is plenty.

I have often used with great improvement, ignatia, cimicifuga, and cinchona for women who have just been through a hard and exhausting confinement. The quantities here would be about ten drops ignatia, thirty drops cimicifuga and thirty drops cinchona to four ounces of water. Take a spoonful every two hours. For atonic dyspepsia use ten drops ignatia, ten drops specific bryonia and thirty drops cinchona to four ounces water. Take a teaspoonful every two hours. For patients recovering from acute alcoholism use twenty-five gtt. ignatia, sixty drops cinchona and sixty drops specific hyoscyamus to four ounces of water. Give every hour at first.

Wm. M. Gregory, M.D.

Berea, Ohio.

SOME PRACTICAL NOTES AND REPLIES.

Editor Medical Summary:

I see ye Editor suggests in the May number the injection of alcohol for neuralgia. I have made some observations along that line and they do not agree with the Editor's views. I have a friend who has been injecting a quart a day of a fifty per cent. solution and still has neuralgia, so I have decided to cut it out, and seldom prescribe it for any purpose. Would that the medical profession could all take heed and do likewise.

He also suggests taking vacation either in May or June, or both, calls them "balmy, invigorating months," and yet the first time I was overcome with heat was in the past May; says they are the healthiest months, in most sections of the United States—perhaps so, as I do not remember having seen one of them sick. He says acute diseases abate and the semi-invalids seem to take a new lease of life. Is not the reason obvious? Are they not the doctor's usual vacation months? The liver and bowels get a much-needed rest from purgatives. The appendix goes free for the time being, and never becomes inflammed from calomel and podophylen. Hence no surgeon is needed.

The digitalis heart and the strychniated nerves get a rest from the constant spurring and driving, hence no heart failures nor nervous wrecks. The hysterical female quits the "dope," such as morphine, bromides, "fedita," and valerian, and has no more trouble, as the doctor is gone. The doctor has a good time, as he don't have to stay at home, but gets out, hunts

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and fishes, and so forth (more so forth than anything else), and spends a good portion of what his family earned while he was lying around home, then returns in time to eat fruit and "melons" in the hottest season, when medicine will keep people sick longer than in the cooler months. They say "away back" in the country where they cannot get doctors, people seldom die, just dry up, or, if they conclude to die while they have a little blood left, and, like Carnegie, wish to die poor, they go out into the open and spend a while with some relative or friend who "uses" a doctor and manage to have a little flesh left on their bones, but nothing in their pockets.

The Editor asks, "Will any of our readers heed a bit of paternalistic advice or council?" Yes, Pa, I will, so far as going fishing is concerned, but as to the posting of books and sending out of statements, I have tried that and they do not have a particle more effect than the notices which The SUMMARY and other medical journals send out to us doctors. So I swore off, and now I go after them. I am prancing along between the fiftieth and sixtieth mileposts, but I feel like a fifteen-year-old kid, always ready to go fishing, as I expect, with all healthy people who take even moderate care of themselves, to live a hundred years.

I have not been as good as I should have been, yet I have always obeyed my parents when they said, go a-fishing.

He says, clean up your instruments and read books, as the time has come that the doctor must be a man among men, be informed on general topics. I cleaned up what few instruments I had, but there are so many "contract" doctors, I have never had to use many of them, since I did read and read, but when I told a man the Republican party was more responsible for the '93 panic than for the 1907 panic, that a pound of cotton then would buy a pound of meat, but now it requires one and a-half to two to get meat, he didn't know whether the Democrats or Republicans were in power in '93, but didn't care anything about politics, as there was no more North nor South, all one, and he was right. I had been wasting my sentences on the desert air.

We are all one—except one says you make the money and I will spend it for you, so I have decided to be a "knocker;" you see, you do not have to have any sense at all to be a first-class knocker, and if I can't be first-class I won't be at all; so the trouble is going to continue until we socialists revolute and change things up. It must be done, there must be a more equal distribution of wealth, and when it *is* divided and I get my part, I am going to rest forever, no more work for me. The rich could prevent this if they would, but they won't. How? By breaking up trusts and giving every man an equal chance and reducing the cost of living. We must live somehow, and we will. Meat that cost four cents per pound in '93, costs fifteen to twenty cents now, and we still charge $1.00 a visit, as then. So much for reading and more for eating.

As to the electrical outfit, I set that aside, as I want to grow honest before I die. It is not quite like Sam Jones' whiskey. He said it was good in its place, but hell was its place. That was so nearly correct that I won't dispute it. Electricity is good in the arts and in criminal execution, but we must execute only criminals. I have read all about that doctor who complained that it was no good, and when interrogated as to his mode of use by a know-all, was told that he had been using it exactly wrong. That is not worth a fizz. Let your patient keep what he spends for electrical treatment and treat his disease. Although the galvanic sometimes comes in well. He says you have more time in those months. Well, time is no object with me. I have plenty, thank you. Really sometimes I think that I have too much leisure, when I consider the bills that are coming in.

There are several articles in the May number that I should like to notice, but the Editor cannot give me the space, but I have read all of them. For instance, I see Dr. Field is in the same old ruts with some of the rest of us old "fogies." What could be nicer in print than to see Dr. Field, who attended the injured parties, say they are all doing well, or Dr. Jones, who attends Judge Moore, who was thrown from his auto, yesterday, state that the Judge is

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doing nicely. Come, let's be up-to-date, Dr. Field. In another place he shows that The SUMMARY is the best journal published, because it has practical contributors. Of course, doctor, we write for it, sometimes, and there are others; you are getting on the right line now, but no journal like The SUMMARY. Dr. Davis, in his peculiar skin disease, wants to know what it is. I have had two similar cases, which, for want of a better name, I called peripheral neuritis. The pimples seem to be the result of rubbing or scratching, as if let alone they do not appear. I relieved mine by adding bismuth subnitrate to carbolized oxide of zinc ointment, which was applied instead of scratching, and Fowler's solution and saline laxative internally, but from what the doctor says, tieing the patient's hands behind him would be the surest and cheapest cure. I also use hot salt baths and gentle massage.

Dr. Cooper's comment on Dr. Reed's treatment of typhoid fever is quite interesting. His not having lost a patient in thirty years is fine for patients, but so bad on him. Doctor, unless you have a burial sometimes, people will never know you have a large practice, as you never get them together at funerals to talk over the matter, as to treatment. I can almost agree with Dr. Harry, a neighbor of mine, who has had quite an experience in the treatment of typhoid. After listening impatiently to a lot of young M.D.'s discussing at an association the latest remedies and scientific treatment of the disease, was asked to give his views on the subject. He said: "Throw those damned things away and give me a quart of turpentine and I will cure every case." The main point is to control the fever and keep your patient's skin moist, the bowels clear, with oil, rest, and feed him. When stimulants are needed I find liquid peptonoids with creosote comes in well; also buttermilk.

H. X. RICHARDSON, M.D.

Gulfport, Miss.

An exchange states that butter applied promptly to a bruise on the face will prevent discoloration. We doubt it. Still, this remedy would certainly rank among the safe if not sane forms of therapy.

RANDOM NOTES FOR PRACTICE—COMMENTS, ETC.

Editor Medical Summary:

Not long ago a patient came to me from a farm about six miles south of Louisville. He was very much jaundiced. Skin and whites of eyes as yellow as a pumpkin. Chilly sensations, some fever occasionally, could not eat, could not sleep, sweat at night; night-clothes and sheets yellow from the sweat. Was languid and could not work. Had been under treatment four or five weeks with no improvement. I gave him four grains of calomel in divided doses, followed by one and one-half tablespoonfuls of castor oil. Then I gave him Warburg's tincture, in tablet form, five grains four times a day; also gave him one-thirtieth of a grain sulphate of strychnine three times a day. Used my treatment of electricity and massage three times a week. In four weeks he was well. Since I began treating him his brothers and sisters came to me in very much the same condition he was, and I placed them under the same treatment. They are all well. Ordered the cellar under the house drained, which they could readily do, and ordered the cellar walls whitewashed with crude carbolic acid in the whitewash. I think I have the trouble under control, or, I might say, I have gotten rid of the malarial influenza, and expect no more cases of malaria in the family. There are several other members of the family who have not as yet been affected. I do not believe they will be. I will report later what the result has been.

I find it very difficult to always find the cause of indigestion and inactive liver. A patient applied to me a few days ago who had indigestion, belching, nausea, etc. I questioned him in regard to his diet. He said they had put up forty gallons of cucumber pickles, and I forget how many gallons of chili sauce. He had put up some ten gallons of apple butter, and they had either pie or cake for every meal, with preserves, salads, etc.

Of course I stopped him from all these. I find that so many of our stomach troubles have been produced from eating indigestible articles, and sedentary life, that about the first thing I inquire is,

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"What do you eat? How much exercise do you take?" I invariably find my patient has been eating new biscuits, new bread, many sweets, etc. When I prescribe stale bread and a five-mile walk a day, they frequently go to some other physician.

I have reached the point where this does not worry me in the least. I believe I have advised for the best), and my conscience is absolutely clear. I have no waking hours in the night with the idea prevailing that I might have done better. Young physicians have this condition. I had it when I was young myself, but have bravely gotten over it. When I prescribe now I do it with the idea that I am doing the very best for my patient that can be done. Now I do not mean to convey that I have reached perfection, far from it, but I have reached the stage that certain medicines produce certain results, and when I prescribe I am sensible of the result produced.

This, I admit, sometimes varies, but as a rule it is correct, and I am governed accordingly. Can we always rely upon the medicines we prescribe? I believe we can if the medicines are pure and what they ought to be. I am sorry to say we cannot always rely upon the medicines we prescribe, for they are not up to the pharmaceutical conditions they ought to be. Generally if we append to our prescription the names of the manufacturers of the medicines we find them to be genuine. I do not believe any of our prominent manufacturers are dirilect in using pure ingredients in their manufactory. If we do not do this we very frequently obtain inferior articles. Many druggists, I am very sorry to say, substitute some inferior preparation, or tion and many other diseases
something of their own make for what we prescribe. In this event we do not obtain results.

Christian Science I believe to be a humbug. I do not maintain, by any means, that influence or suggestion has no good effects with our patient. I believe, yes, I know, it has. I would much rather treat anybody who has confidence in me than one who has not. But when I say this, my influence will, as a rule, have no effect with a sluggish liver, an inactive kidney, indiges-

That we can have a certain influence over our patients cannot be disputed, for every successful physician has. But that we can cure an organic trouble by this influence I do not believe; we may, and unquestionably do have better results if our patients believe in us; yet we know that children do not believe in us, therefore we must have, at least in their cases, something more than simple confidence. We also have to have in the treatment of adults something besides simple belief in us to be successful in the practice of medicine. I must state that I absolutely believe in the effect of medicine, and that we must give it in the treatment of diseases. The best medicine given in diseases depends to a great extent upon judgment and experience. Judgment first, and many, yes a great many, failures in the practice of medicine result from poor judgment. How often we find that some ignorant person medicinally has better results than the best learned in medicine. This may be explained by the ignorant medicinal man having good sense. If we have not good sense and good judgment we will never make successful physicians, however learned we may be. Let us study the general and every-day conditions we find with those we meet every day.

Then let us compare those conditions with the sick whom we are called to see. This will show us the difference between the well and the sick. When once we have learned this we have learned a great deal. Knowing the condition of the human family in health we will soon learn to know the diseases they manifest themselves. I do not believe the physician is sufficiently observant of those in good health to be enabled to compare health with disease. Search our inheritance in those who come into our hands for treatment.

This often helps a great deal in our practice. As a rule we have much more to contend with in those of poor inheritance physically than in those of good inheritance. I bank a great deal on those who spring from good healthy parents than those who spring from a feeble and diseased race of the human family. It may be said that this is a minor condition to look at in our practice, but it is not; it is one of the most important things to be studied and understood.

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Medicine is effectual, but it is most effectual in those of good constitution and inheritance. We find instances where patients come to us with poor constitution, poor or irregular appetite, skin yellow, kidneys inactive, yet able to be around and able to attend, in a manner, to business, but find it a burden to attend to business. What is the matter? Well, if we investigate their homes and surroundings we are apt to find a damp, mouldy cellar, with some water in it, and paper upon the walls of the house mouldy and loosening from dampness of the walls. We find in the vicinity some old pond that is being filled or that has been filled by the dumping of the city filth.

What can we do? We can give relief by using calomel and castor oil with free doses of sulphate of quinine. In a short time we have to repeat our remedies. The only thing of a sensible nature to do is to obtain drainage by connecting with the sewers.

Drainage by good sewers to a great extent adds to good health. No one, however strong his constitution or inheritance may be, can be well if the drainage is poor. See to it then when you buy or rent in the city that the sewerage or drainage is good. Never go into a house where the paper on the walls is mouldy or loose from moisture. Too many or our houses in every city have this dampness of cellar or walls, and no one can be healthy very long living in rooms where this prevails.

Food.—In regard to food, it is difficult to absolutely state what one must eat. We find many different conditions of the stomach and so many different stomachs that we cannot say, thus sayeth the Lord in regard to eating. We have to watch the conditions of digestion of certain foods and recommend or debar their use. As I said before, we can have no cast-iron rules in regard to diet. City life, I suppose one-half of the human race live in cities. We find many cities perfectly healthy, but we find many more, I think, absolutely unhealthy.

In the country, as a rule, there can be nothing absolutely interfering with sanitary conditions. I remember that my early practice in Illinois, in a Norwegian community, I had a great deal of unsanitary conditions to contend with, even in the country. But when I taught my clientage the laws of health they avoided a great many unhealthy conditions. I found it very difficult to impress upon them the different conditions existing between the cold climate of Norway and the temperate climate of Illinois. I had in my early practice many dirt diseases to contend with. Before I left Illinois these filth diseases had almost subsided. The Norwegians are a keen and quick understanding people, and I could not desire their good health more than they themselves did. They placed great confidence in me, and whatever I recommended they were more than willing to adopt. The dirt or filth diseases soon decreased in my Illinois practice. It was a pleasure to know that so many Norwegians were anxious for me to remain in Illinois in the practice of medicine, a large petition was sent me requesting me to remain.

Surgery.—Surgery, without doubt or question, is a great boon to the human family. This is the case if the surgeon is conscientious in his practice and operations. I am well aware, however, that all those making a pretence of being surgeons are not honest in their practice, or otherwise are very ignorant. Many of the surgical operations performed to-day are absolutely unnecessary, yes, are really harmful. Old surgeons do not perform those operations, but the young surgeon altogether too often operates to the detriment of his patient. Now this is all wrong. How often it is that the relatives to the patient, and even the patient himself, will not have an operation performed and yet recovers in health. We should study our case well before using a knife upon the patient. Young surgeons who perform these unhealthy and harmful operations may gain technique and experience in operations, but they do not, as a rule, gain business, the people, as a rule, are not idiots. They often know that operations performed by surgeons are unnecessary and hazardous, and if the patient dies he will hear them claim, I told you so, and all that that surgeon wanted was a big fee for operating. I am sorry to say that very

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often this verdict rendered by the laity is true. Let us be more true in our practice of surgery, also in medicine, and it, in the long run, will be to our benefit and success.

GEO. J. MONROE, M.D.
Room 618 The Paul Jones,
Louisville, Ky.

"THE VALLEY AND THE SHADOW."

Editor Medical Summary:

We do not know how long one may live, nor how soon one may die! We ought to be very guarded in prognosis. I was present with a company at dinner a few days ago, when a young physician announced that a comatose soplonarian, who was afflicted with Raumollisement, would not live twenty-four hours. I warned him that he should not make such positive prognosis, as such persons would surprise you in the length of time they might live. The man is still alive; but to be sure he is in that stupor from stasis of the cerebral blood vessels. He has already lived several days longer than the attendant predicted. It's a common resort of premature prognosis to attribute the prolonged coma to a *wonderful constitution!* The fact is, the constitution hasn't anything to do with it; but it is due to the nature of the disease. It is also true, that some persons have more vitality than others; but now that is hard to estimate. I had an old patient who had passed his 92nd year, and when he got bedfast, I expected every morning, for a week or more, to get a telephone message that he was dead; but morning after morning, I was disappointed. I had another 80-years-old patient, who had cancer all over the face, who neither ate nor drank for three weeks before death. Another, as old, who had malignant disease of the prostate, which broke into the rectum, and he lived three weeks in a semi-comatose state. So I have not made any predictions as to how long a lingering case will last, even if there is stupor or coma. Just tell the friends, that the patient will live till the disease is fatal.

D. L. FIELD, M.D.
Jeffersonville, Ind.

POISON IVY.

Editor Medical Summary:

The little note on "Poison Ivy" in your journal recites a number of old-fashioned alleged remedies, all of which, I believe, have only a slight effect. Having been a great sufferer from poison ivy and tried all of the remedies usually prescribed by good physicians, I have found that wood alcohol, applied as a lotion, is so immediately effective that I am no longer afraid of the curse. Wood alcohol, full strength, has no bad effect on my skin. It might need to be diluted with water for some skins. Applied early, at the appearance of the irritation, it stops further spreading and practically eliminates all discomfort.

I wish some of your readers would try this further and report results.

CHARLES WIRT.
Germantown, Philadelphia, Pa.

ADVANCES IN CREOSOTE MEDICATION.

Editor Medical Summary:

Noticing your extract from an article written by Dr. Beverly Robinson under the head of Creasote Treatment of Pulmonary Tuberculosis, with your editorial comment or request, in the May SUMMARY, I wish to add my mite of information, a mite that is based wholly on genuine experience of my own.

It is that I deem that one great advance along this line of creosote medication is the new substance known as calcium creosote, which seems to be a true chemical combination of calcium creosote by means of which as much as 96 grains of pure beechwood creosote may be taken without discomfort in the twenty-four hours.

Since the difficulty heretofore has been to saturate the system sufficiently to get the full action of the medicament, I consider this a *real* chemical advance and triumph, heralding and recording in the archives of midicine as marking an epoch. My use of it in tuberculosis proves it conclusively to me, and in a remarkable manner.

Yours for the cause and the cure,

A. P. REED, M.D.
Naples, Maine.

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New Books

All Books reviewed in this department, will be sent postpaid by the publisher of the Seminary upon receipt of the price quoted.

SPONDYLOTHERAPY PHYSIOTHERAPY OF THE SPINE BASED ON A STUDY OF CLINICAL PHYSIOLOGY. By Albert Abrams, A.M., M.D. (University of Heidelberg), F.R. M.S. Consulting Physician to the Mount Zion and French Hospitals, San Francisco; formerly Professor of Pathology and Director of the Medical Clinic, Cooper Medical College (Department of Medicine, Leland Stanford Junior University), San Francisco. Third Edition, enlarged. The pathology of spondylology is founded on clinical physiology, and its methods embrace the therapeutics of the reflexes. Philopolis Press, Publishers, Suite 406 Lincoln Bldg., San Francisco, Cal., 1912. Price, cloth, $5.00 net.

Here is a book it will be your worth while to take notice of; the matter it contains is important to every practicing physician; general practitioners especially should investigate what Dr. Abrams has to say on the subject. In the first place, what is Spondylotherapy? It is a system of treatment founded on clinical physiology, and in its methods embracing the therapeutics of the reflexes, some of the results, says an eminent French clinican, are positively miraculous (preface).

In fact, it is Osteopathy placed on a scinancial interest.
entific basis, eliminating that which is false and adding other important scientific facts, and serving it all up in such a form that it becomes an important adjunct to be utilized by the physician to the advantages of his clientele and adding largely to his own fi-

A third edition of this remarkable work being called for so soon after the first having made its appearance is certainly an indication of the interest visibly manifested on the subject by the profession, but there is no wonder about this, as it is a book on a live subject, and one that should be thoroughly understood by every general practitioner. It is based upon actual clinical experience. The author's presentation of facts and arguments are unanswerable, because they are logical and scientific.

LABORATORY METHODS, WITH SPECIAL REFERENCE TO THE NEEDS OF THE GENERAL PRACTITIONER. By B. G. R. Williams, M.D., assisted by E. G. C. Williams, M. D., formerly Pathologist to Northern Michigan Hospital for the Insane, with an Introduction by Victor C. Vaughan, M.D., LL.D. Illustrated with forty-three engravings. C. V. Mosby Company, Publishers, Metropolitan Building, St. Louis, Mo. 1912, Price, cloth, $2.00.

The fact that Dr. Victor C. Vaughan, of Ann Arbor, Mich., in his introductory remarks has given his approval of this book in unmistakable terms should prove a sufficient guarantee of its practicallity. The authors of this book have striven to give the student and the country practitioner those methods the application of which will get results in laboratory work, and endeavored to prove that the general practitioner can, at very small cost, equip a laboratory in which he can do most excellent work. It demonstrates that costly apparatus and marble rooms are not strictly necessary for the prosecution of scientific medicine. Vaughan gives some examples of what country physicians have contributed, and says that, if we take away from medicine the contribution to that science made by physicians far removed from great commercial centers, we rob it of half of its glory and its honor.

It has been the aim of the authors of this admirable book to simplify methods both as to apparatus and technic, and we can testify that they have succeeded most admirably in their every effort. Every general practitioner should procure a copy of this book, and study it carefully, and it will show that many of the comparatively simple cases that are usually sent to distant cities for expert examination may be made with more satisfactory results by the practitioner at home.

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Summary Gleanings

Glycerite of hydrastis is excellent in stomatitis and follocular pharyngitis.

Hydrogen peroxide is a good haemostatic in epistraxis.

Ten drops of fild. ext. hyrhastis in water every two or three hours is excellent in epistaxis.

The symptoms of acute tonsilitis are usually more sudden in onset and the temperature higher than in diphtheria.

The fact remains, however, that facts are facts, and definite results are proofs which cannot be ignored.

A unilateral discharge from the nose of a child should make the physician suspicious of a foreign body.

Ozoena may be due to atrophic rhinitis, tertiary syphilis, empyema of any of the sinues, or a foreign body.

After removing a foreign body from the eye a drop of castor oil will give immediate relief.—*Amer. Jour. of Surgery.*

In all chronic ear diseases the history of the case will give the physician fuller knowledge of the condition than will an examination alone.

In acute tonsilitis give a calomel purge, gargle with hydrogen peroxide and give phenacetine and salol internally. Later remove or cauterize tonsils.

When adenoids are found with slightly enlarged tonsils removal of the adenoids alone will frequently be followed by a reduction in the size of the tonsils.

Insufficiency of thyroid secretion is believed by some writers to cause urinary incontinence. Williams has used de-iccate thyroids, one-half grain twice a day, in children between the ages of 2 and 6, with good results and Ruhräh is also satisfied with his experience after using this treatment.

In acute throat disorders, freshly-powdered cubeb taken frequently and in moderate amount, dry on the tongue, has been of more service to the author than any other drug.

Creosote inhalations and moderate bloodletting, especially with leeches, are extremely useful in croupous pneumonia. The application of a few leeches, locally, cannot be replaced by any other agent in many acute, painful inflammatory affections.

Rhubarb and soda, or rhubarb and magnesia, either in mistura rhei et sodæ or in Gregory's powder, are most useful in gastric disorders with fermentation or hyperacidity.

Warm, moist applications after the application of leeches, or, frequently, when no leeches have been applied, are more soothing and more useful locally in appendicitis, pneumonia, pleuritis and endocarditis than the now fashionable ice-bag.

Keep your hand on the uterus for an hour after delivery and you will have no hemorrhage.

The examination of the patient should be frequent enough to ascertain the position of the child and the progress of the case.

Where the "bag of waters" do not materially assist dilatation, the intelligent, slow and gradual dilatation, by means of the fingers is productive of much good.

It is well to administer chloroform, sparingly, while the head is passing the inferior strait.

In hay fever you will usually find an obstructive lesion in the nose, a neurotic temperament, and an irritating substance in the air which acts as an exciting cause.

Glaucoma differs from cataract by pain, dilitation of pupil, narrowing of the field of vision, cupping of optic disc, and absence of opacity of the media, except during inflammatory exacerbations.

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The Medical Summary

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PRACTICAL MEDICINE, NEW PREPARATIONS, ETC

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BUSINESS TIPS.

There may be nothing original in what we now say, but you will take it for what you think it worth. We believe it is well to get the habit and endeavor to keep the bills collected up as closely as possible. A bill is more difficult to collect as it grows in age. Here are the reasons: The debtor gradually becomes indifferent concerning it, while perhaps the bill continues to grow a little from month to month. After a while the bill is so large that he thinks the doctor is trying to rob him in over-charges, and if he is financially irresponsible he will change doctors rather than attempt to pay it.

In order to make clear such conditions as this we believe the physician should make his book-keeping so plain that an itemized statement can easily be made if the debtor should question the correctness of the account. It is a good plan to send out statements frequently in order that patrons may know exactly how they stand. Judgment is necessary in fixing the fee as well as in collecting it. There has never been formulated any scale of fees that can be adhered to by physicians quite generally. So much depends upon environments and circumstances and people's ability to pay. These have ever been and will ever be the rock on which fees must split. Equality of fees is nice in theory, but in practice it doesn't work. The matter of adjusting the right fee in each case and in such a manner as not to react unpleasantly upon the physician is one of nicety and precision. As a general rule the fee should be sufficiently large to both the indigent and the prosperous; in the case of the former the unpaid difference is checked off by your hospitality. in other words, a well-to-do individual is not held up simply to offset the debt of a poor-pay patient. Sometimes people on the seamy side of life suddenly prosper or inherit money. If the doctor has a live account on such persons they are, as a rule, glad to settle the old score.

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HOW MUCH TO TELL THE PATIENT.

We are constantly changing front in many matters medical. It was the rule a decade or so ago for the physician to tell the patient and friends very little concerning the character of the case at hand or its probable outcome. We have seen physicians with a curtness almost equal to insolence dismiss any inquiries regarding the case of a sick relative or friend. The physician who refuses to honestly answer anxious inquiries is possessed of a cheap dignity or assinity that should warrant his dismissal. The truth cannot be concealed for long, so on the whole it is more satisfactory if a mutual heart-to-heart understanding between doctor and patron be early entered into. If the truth is severe, let it be toned down and the sharp corners blunted off. If the patient has a simple working knowledge of his own case he is better prepared to enter into co-operation with his physician. It may be somewhat annoying to be obliged to answer foolish questions put to you by the patient, but after all he will profit by your information, provided it be presented to him in a way that he can assimilate it. For example, who would think nowadays to withhold from an individual the fact that he is harboring the tubercle bacilli about his person? In such cases ignorance only increases the danger to the patient, as well as menacing the lives of others. Yet physicians too often resort to all sorts of subterfuges to keep patients ignorant of the true state of affairs, thereby lessening their chances of recovery. How many cases of tuberculosis have passed as "catarrh," "bronchitis," "female disease," "indigestion," etc. If the patient were told early in such cases and his hearty co-operation enlisted, many a cure might result. The same is true of many other diseases. So, we argue that in most cases it is better for both physician and patient if the latter be given a reasonable insight into the character of his ailment that he may be better prepared to fight it out. There are, of course, certain facts connected with almost every case that the physician must meet with tact and diplomacy.

CONJUNCTIVITIS.

The general practitioner is called upon for advice in many cases of both acute and chronic conjunctivitis. It might be more fitting for these cases to apply to the oculist, but that individual is not always available. Furthermore, the general practitioner's fees are usually lighter, and this fact appeals to poor people. And still again, we believe the average doctor can soon acquire the necessary technique and knowledge to treat the more common eye affections successfully.

The first aim in acute inflammation should be to find out whether any foreign substance is in the eye, thus provoking the trouble. A few applications of cocaine are useful in painful conditions and help to allay inflammation and promote the cure. It is the persistent use of cocaine that does harm in dilating the pupils, ruffling up the epithelium, etc. Boric acid solution is always a safe and sane remedy, and the eye should be thoroughly lavaged with it as hot as can be borne. If the eye is red and injected pledgets of cotton should be soaked in a saturated solution of cold boracic acid solution and kept applied to the eye, being changed frequently. In nearly all eye inflammations, rest in a cool shaded room is a thing greatly to be desired.

Inflammations dependent upon trachoma also demand non-use of the eyes and a great deal of physical and mental rest. The usual remedy in this condition is nitrate of silver in the proper dilution as well as applications of the mitigated stick. When silver applications are thus made it is well to neutralize the excess by a saline solution. A newer method of dissipating granulations is by rubbing them with a specially-prepared sand-paper, cocaine first having been used in a four per cent. strength.

As an astringent and mildly sedative instillation fluid in many eye inflammations one grain of sulphate of zinc and one grain of morphine to the ounce of distilled water is a favorite with many. A little camphor may be used with it if desired; also cocaine if the pain is such as to demand it.

Boracic acid water and salt water are

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the nearest substitutes for normal tears and this fact accounts for the salutary effects of these agencies in inflammation.

It should be impressed upon the patient that absolute rest is necessary in many types of eye inflammation. In order to secure it we may at times be compelled to paralyze the accommodation for a short time.

REMEDIES AND MEASURES FOR FACILITATING LABOR.

Quinine has undoubted value in the first stage of labor in flicking lagging pains into greater activity and thus in a measure speeding up a tardy case. It must be given in large doses—ten grains upward—in order to get results. Its untoward effects are to leave the woman with a headache and her nerves jarred up, while in anemia and certain dyscrasias quinine favors postpartum hemorrhage, due to some chemical action upon the fibrin element of the blood. Whiskey or brandy may have a measure of value in some cases. Strychnine is useful when the uterus manifests an atonicity and the general vitality is low. In order for strychnine to give results it should be administered hypodermically and some time before the termination of labor. Hot drinks are of much value, as ginger, pepper, etc. Hot coffee is a great spur to a lagging labor. Observers have reported sugar to be a valuable stimulant of labor. The editor has never been able to confirm this in actual practice.

Sedatives and relaxants often help along a slow labor better than stimulants. Among these are morphine, hyoscine, caulophyllin, emetine, apomorphine, chloral and chloroform. Passiflora is a remedy employed by many obstetricians. Chloroform seldom retards labor, but usually facilitates it. mitigating subjective suffering and "nerving" the woman and thus ennabling her to help herself. In order to relax a rigid os chloral must be used in full doses, and if employed per enema it must be given in double the dose taken by the mouth. In convulsions chloral is given per rectum in 30 or 40 grains. Veratrum should also be given boldly until the pulse comes down to 60 or 70.

The sitz bath employed for an hour is one of the best of conservative measures calculated to accelerate labor. It must be done thoroughly in order to be of avail. A rectal injection often starts matters out right. If there are no contraindications for so doing, the woman should be kept on her feet until the labor is well advanced. This unites both cephalic and hypostatic pressure, thus securing the wedge-like dynamic force that is here *a sine qua non*. If the membranes have served their purpose and are no longer needed they may be conservatively ruptured and the amniotic fluid drained off. An excessive quantity of fluid in the condition known as hydramnios may hold back a labor indefinitely, preventing the presenting part from becoming engaged. When the "bag of waters" is a hindrance it should be promptly removed.

MOUTH HYGIENE.

If we were as painstaking in keeping our teeth as clean as our faces, much suffering would be prevented, and dentists would not be compelled to work overtime. Not only should the teeth be kept well cleansed, but the buccal cavities and remote recesses of the oral opening should have regular and persistent attention. Far too often these rather inaccessible corners of the mouth are in a far from septic condition because of debris which collects and disintegrates, thus menacing the integrity of the teeth. The wisdom teeth play out in a short time—not because they were intended to be short-lived, but because they are far back and in a somewhat septic area. The agents needed to keep a clean mouth and thus favor sound and serviceable teeth are the tooth brush, dental floss, wooden tooth-picks, water and a simple antiseptic wash. The following is a good mouth wash:

Thymol	4 gr.
Benzoic acid	45 gr.
Tinct. eucalyptus	225 gr.
Spts. peppermint	60 gr.
Chloroform	15 gr.
Alcohol	3 oz.

Twenty props of this solution in a glass of water may be used at a time.

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TREATMENT OF HEADACHE.

No ailment is treated more empirically than headache. There are many types and many names for the condition which we naively term headache. Causes, legion. It occurs twice as often in females. A few factors of causation are gastric irritation, constipation, autotoxemia, renal insufficiency and various diatheses as well as the neuroses.

The seat of pain is thought to be in the pia mater and the cerebral cortex. The immediate attack is a vasomotor disturbance with a consequent hyperemia of the brain. Search diligently for the cause. If the etiology is in a neurosis, and therefore somewhat akin to epilepsy, the treatment would be quite different from a case due to anemia, nephritis, toxemia or aural or ocular irritation.

The diet and habits of the sufferer should be looked into judiciously. Since one strawberry will almost poison some people, it is plausible to think certain other articles may exert an untoward and far-reaching effect in individuals with just the right idiosyncrasy. Coffee, for example, is wholesome for some folks, but with others it is positively known to keep up a perennial headache. The sufferer from headache is usually anemic or hyperemic, thin or plethoric. Temperament and habits of the individual must be taken into account in outlining treatment.

Autotoxic conditions must be rigidly combatted. As many cases of chronic headache are ameliorated by a course of water drinking, and others by a daily drenching with castor oil, there is emphasized the idea of looking for absorption into the blood from the intestinal canal.

Many cases of headache are improved by increasing the amount of sleep and also increasing the intake of oxygen both during sleep and waking hours. The migrain victim should have no less than eight hours of refreshing sleep, and many would fare better with nine or ten.

The treatment of headache does not, of course, consist in taking drugs. Every sedative, anodyne and hypnotic in materia medica has been given a thorough try-out. Some cases are relieved by a long course of cannabis indica. If there is ample evidence of a uric acid element, a dose or two of nitro-muriatic acid at the beginning of the attack may lessen its severity. It is best taken in strong lemonade, and is the treatment once suggested by Dr. Haig. If there is a full stomach in the incipiency of the attack emesis should be produced with 1-10 grain of apomorphine administered hypodermically. Of local medicaments employed chloral, menthol, and chloroform in some form are top-liners. Coal-tar sedatives are universally condemned, but nearly every physician employs some one of his choice and with no untoward results to his patient.

OPHTHALMIA NEONATORUM.

This distressing condition is always preventable. As soon as the head is born the eyes should be cleansed with boracic acid solution. The hands should also be cleansed on account of the infant instinct to dig its fingers into its eyes. The instillation of a drop or two of nitrate of silver solution into each eye completes the prophylactic procedure. One per cent. solutions are commonly employed, although those competent to speak on this matter state that a one-tenth of one per cent. solution is sufficient. Some assert that one-fifth per cent. is as strong as should be used for prevention and one-half per cent. for treatment. In the treatment of the disease the milder silver preparations may be used to advantage, protargol two per cent. and argyrol twenty per cent.

When ophthalmia unfortunately occurs, persistency is the watchword in its treatment. This can be better accomplished in the hospital under a constant care of competent nurses. As important as specific remedies is that of thorough cleansing of the eyes by expressing the purulent matter and applying cold packs. The puss should not be allowed to accumulate in the conjunctival sac. The treatment demands the constant attention of a special nurse.

Dullness of hearing, otitis media, tinnitus are frequently due to adenoids.

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Leading Articles

Brief and practical articles, short and pithy reports of interesting cases in practice, new methods and new remedies as applicable in the treatment of diseases, are solicited from the profession for this department. ¶ Articles contributed for the Summary must be contributed to it exclusively. ¶ Write plainly and on one side of the paper.

The Editor is not responsible for the views of contributors.

PELLAGRA.

By M. G. Price, A.M., M.D.

Very contradictory symptoms are often seen, as follows:

Either—	*Or*—
Loss of appetite	Voracity
Somnolence	Insomnia
Sensation of burning	Sensation of cold
Reticence	Loquacity
Diarrhea	Constipation
Hydromania	Repugnance of water
Immobility	Excessive mobility
Mydriasis	Mycosis
Salaciousness	Impotence
Stupor	Mental excitement
Marasmus	Florid health

Diarrhea.—Bowels move many times a day: thin, greenish, yellowish, offensive, bloody mucus; may be involuntary; sometimes obstinate hemorrhage. Persists through spring and summer months with slight recrudescence in October. Disappears during winter.

Gastric Symptoms.—Quite marked. Anorexia and burning in stomach common. Mouth congested, buccal mucosa red and covered with small ulcerated areas. Tongue fiery red (cardinal tongue). Papillæ prominent. Ptyalism fearful in some cases; tenacious, ropy saliva, which hangs from upper to lower teeth.

The Hands.—The dorsal aspects of the hands are of deep purplish color, covered with dry, hard, cracked epidermis; desquamates dry, bran-like scales. Line of demarcation at wrists where sleeves end is very distinct. Burning and itching.

Nervous and General Symptoms.—Spirits depressed, melancholia, dementia. Vertigo common. Mutism a pronounced symtom in many cases, and patient when spoken to may wait ten minutes before answering, sometimes not at all. Pulse 80 to 100, sometimes 160 in bad cases. Temperature less than 100; in bad cases 102 to 108.

Treatment.—Withdraw all oils and fats except castor oil. Clean out with calomel and salines. Symptoms are worse when bowels are checked, better when cleansed out and moving. Calcium sulphide, ½ to 2 grains, or more, three times daily. Stools are reduced to normal, redness of tongue fades and ulcerations heal. Hands clean off under its influence.

Use no ointments. For insomnia open bowels and kidneys. Relieve insanity by same method. Give morning doses of one to two drams of castor oil. For pain in stomach or bowels, paregoric or morphine hypodermically.

Diet.—Milk, cereals, vegetables, lean meat, shredded wheat, oatmeal, eggs, chicken and fresh buttermilk. Feed generously. Iron, arsenic and strychnine as a tonic if needed.

As a specific I would rely upon calcium sulphide. Its effects are wonderful and in the first year you will control the situation. The American epidemic is on, and as with some other diseases, it seems to attack a few people with special virulence.

Mosheim, Tenn.

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CUTANEOUS HORNS.

By Earl E. Boyd, A. B., M.D.

Cutaneous horns are hypertrophic masses of horny epithelium which assume horn-like shapes.

Symptomatology.—In appearance they resemble small horns, and are usually curved or twisted. They vary in size and are of a grayish or blackish color, situated upon a firm hard base.

The surrounding skin is usually inflamed. Their usual locality is upon the face or scalp, but they may be found elsewhere.

Etiology and Pathology.—They may occur in the young, but are usually a trouble of the aged, along with other senile changes.

The base consists of a hypertrophied papilla, which forms a round projecting mass over which the horn fits.

Treatment.—Removal by either excision or by any good caustic.

A Case.—Mrs. P., an American, aged 98 years, had been annoyed for about eighteen months by a cutaneous horn, located on the left cheek, about an inch below the left eye and one-half inch to the left of the nose. It was an inch in diameter at base and over one-half inch from apex to base, shaped like a trunciated cone. Its early growth had been slow, and efforts were made to dissolve it by applications of various caustics. Some six months ago a part dropped off. This seemed to stimulate growth and from this time it increased in size very rapidly.

The apex was hard and horny, of a dark grayish color, the base round, firm, and the skin covering it inflamed. It became very annoying because of its weight constantly dragging down upon the skin, keeping the eye open and inflamed. A facial neuralgia was an almost constant symptom. Under protest, because of patient's age, I consented to remove it.

My attention was called a few days before this to quinine hydrochloride as a local anesthetic, it being claimed to be quite lasting in effect and to have no bad after effects.

Not caring to take the chances with any of the older anesthetics, I determined to use this to me a new one. I followed instructions literally as to administration, and after a reasonable time made an elliptical incision through the skin around the base of the mass and desected it out. I found it easily removed, but being nourished by a large artery, the hemorrhage was profuse. The artery was ligated and wound closed. Dry dressings were used and union secured by first intention. I might add that the neuralgia has been somewhat relieved. As to the anesthetic, I wish to say that in this case it did all I could ask it to do. The patient never complained of any pain during the operation and there were no after effects whatever.

Central City, Nebraska.

ATROPINE OR STRYCHNINE.

By George L. Servoss, M.D.

In the July Summary the Editor asks: "Doctor, why do you administer atropine in preference to strychnine as a stimulant?" This is rather a broad question, when we take into consideration that, as a rule, atropine is an antispasmodic, rather than a stimulant and that, as a general rule, it is employed to allay spasm, rather than to act as a general stimulant. Of course atropine is stimulant, under certain conditions. It does stimulate peristalsis, and does increase kidney function, but it is due to inhibition of the centers governing the functions of the bowel and kidney. It does increase the blood pressure, especially of the periphery, but this is due to inhibition of the peripheral nerve ends, which have to do with the control of the blood vessels of this portion of the economy, causing practically a paralysis of the walls of the blood vessels, allowing a contraction thereof to take place. It stimulates the heart, through central action. It does not act upon the voluntary muscles, but large doses do paralyze the non-striated. In fact, the action of the drug, especially upon highly organized tissue, is invariably depressant rather than stimulant. Even though it may stimulate peristalsis, it cannot be classed as a direct stimulant, in that this increased function is due to paralysis of the inhibitory fibers of the splanchnic,

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and is secondary rather than primary activity. Large doses paralyze peristalsis. Although atropine may act to aid bladder function in retention, this follows the quelling of spasm rather than stimulation of the bladder. It increases the kidney function, but probably through inhibition, rather than stimulation. Atropine acts as antihydrotic through paralysis of the terminations of the secretory nerves. As a mydriatic, we find that dilation of the pupil follows paralysis of the peripheral ends of the oculomotor nerves, with stimulation of the peripheral ends of the sympathetic nerves. In fact, by following this drug throughout, it will be found that the main action is that of an antispasmodic, rather than a stimulant. It is employed, other than in the eye, to allay spasm, and even in the local application of this sort it is employed to relieve tension, due to ocular spasm. Practically the only use of the drug, other than an antispasmodic, is in the stimulation of the circulation, and to increase peristalsis, but in both instances it is seen that these actions are due largely to paralysis of inhibition, rather than stimulation, *per se*. Medicinal doses have no apparent effect upon the spinal cord, although poisonous ones are followed first, by paralysis and abolishing of the reflexes and then by tetanic seizures and increases of reflex function. The respiratory center is stimulated by large doses, while those of toxic quantity are followed by paralysis of this function. Aside from the increased kidney and bowel action, atropine acts to decrease all glandular function.

Taking up strychnine, we find that it stimulates practically every function. Medicinal doses serve to powerfully stimulate the circulation, through action upon both the heart and vasomotor center. The pulse is strengthened and becomes more active after the establishment of the drug action. Toxic doses of the drug lower blood-pressure through depression of the vasomotor center, but even after poisonous doses, with tetanic spasm, the blood pressure will be found increased, due to muscular activity. With the possible exception of the action of toxic doses in the paralysis of the efferent, or motor, fibers, strychnine is found to be the most powerful stimulant we possess, in its action upon the nervous system. It is a powerful stimulant to the cord, especially the motor centers thereof. Even in poisoning the reflexes are exaggerated, the least excitation being followed by tetanic seizures, as a rule. Strychnine stimulates the eye, increasing acuteness of vision. Respiration is quickened and deepened through the stimulation of the respiratory center in a powerful manner. This drug stimulates all of the functions of the entire alimentary canal, increases the flow of gastric juice, the muscular movements of the gastric muscles, and intestinal peristalsis. Through the central nervous system, it increases uterine function, acting to overcome inertia of this organ. In fact, with the exception of the depression of the efferent or motor fibers of the cord, following toxic doses of the drug it is clearly seen that every action of strychnine is stimulating.

After considering both drugs carefully, with the possible exception of stimulation of the circulation, one can hardly see why atropine should be preferred to strychnine as a general stimulant. Strychnine is never, in medicinal dosage, a depressant, whereas atropine frequently possesses such action. Atropine, while it may act to stimulate the circulation may, if continued over a considerable period, act reversely, due to accumulation of the drug. The stimulant action of strychnine is invariably increased if the cumulative effect of the drug follows. The invariable possibility of cumulative effect of atropine makes this drug dangerous, if administered over any very considerable period, in that paralysis of the inhibatory centers may render the elimination practically *nil*. Although there may be accumulation of strychnine, after a considerable period of administration, the eliminative functions are not interfered with, and if the drug is withdrawn, or the dose decreased, the cumulative effects will disappear.

After a careful consideration of both drugs it is a difficult matter for one to determine why atropine should ever be employed as a stimulant, instead of strychnine. Primarily it is a dangerous drug, as well as a tricky one, and no one knows just what to anticipate when it is used over any considerable period. It is valua-

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ble under certain circumstances, but even then, it bears watching every moment. It is valuable when we desire prompt stimulation of the vasomotor center, but then a single dose usually suffices to gain the desired end. The facts of the matter seem to be that this agent should be employed, as a rule, for its antispasmodic, rather than its stimulant effect. Strychnine is a dependable drug; one free from trickery of action, as a rule; one that invariably gives the effect anticipated; one in which cumulation is not necessarily a matter of grave importance, in so far as danger may be concerned.

Employed in the face of certain indications, atropine is a most valuable agent, but not as a general stimulant to be used over a considerable length of time. Strychnine is equally valuable, when employed as indicated, and may be employed for a considerable time as a stimulant, without fear of dangerous effect. The facts of the matter are that, on every count, strychnine is the preferable agent when one desires a stimulant, pure and simple, as that is the dominant action of the drug in medicinal or larger doses.

Gardnerville, Nevada.

AMPUTATIONS.

By J. L. Wolfe, M.D.

An amputation may be accidental, as when a limb is torn, cut or crushed off by machinery, natural as in senile gangrene from gradual failure of the heart, or pathological changes in the arteries, the dead portions are separated at the line of demarcation, or surgical when scientifically performed.

When in amputation the line of section is through the substance of the bone, the operation is said to be in continuity; and when through an articulation incontinuity, the removal of the part which is useless or deformed, the presence of which, however, does not threaten the life of the individual, is called an amputation of expediency; under more urgent conditions the operation is one of necessity. Amputations of necessity are further subdivided into those after disease.

In amputations after accident, the period in which the operation is performed is divided into the immediate, primary and secondary. An immediate amputation is performed during the prevalence of shock, and usually within from two to six hours after the injury necessitating the operation; primary after reaction from shock and before inflammation is established, usually within twenty-four hours after the injury; secondary when performed after the limit and during the prevalence of inflammation.

The danger of death after amputation depends chiefly upon the character of the injury and the location of the line of section. The prognosis becomes dangerous in proportion to exhaustion of the patient as a result of hemorrgage, shock, sepsis or of any dyscratia or intercurrent disease.

As to the line of section, there are practically no exceptions to the law that the rate of mortality is proportionate to the diameter of the part divided and the proximity of the section to the trunk. Thus, amputations of the lower extremities are more fatal than those of the upper. Those of the hip more fatal than through the middle and lower third of the leg, while the same comparison holds good from the shoulder out. As to the age of the patient, it may be said that the death rate gradually increases with each decade of life.

Operation of expediency, when properly performed, may be considered as practically free from danger for the reason that the general condition of the patient is good and the section through clear and healthy tissues. Amputations after non-malignant diseases, such as destructive arthritis and osteitis, are comparatively free from danger, provided that general sepsis and consequent exhaustion have not occurred prior to the operation. Amputations necessitated by malignant neoplasms are especially dangerous only in proportion to the degree of malignancy in the tumor, together with the general deterioration of the tissues as a result of the prevailing cachexia. Amputations after accidents are most fatal, and statistics show that primary operations are, in general, more dangerous than those done in the secondary period.

Amputations are much less frequent now

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than formerly, and there is little doubt that in the present rapid advancement in the science of surgery, and the greater perfection in the art, the time is not far distant when amputation for other causes than gangrene will be comparatively rare. Very few deformities would lead to the amputation, if at first the services of a skilled surgeon were obtained. And this is equally true of the lesions of the joints and bones, for which the necessity of amputation would be exceptional, if at the earliest symptoms of the disease the proper treatment was instituted.

Cedar Falls, Iowa.

CAUSE OF APPENDICITIS.

By A. Charbonneau, M.D.

That appendicitis is nearly always due to improper living, is a fact known the world over. It is indeed rare for young children, especially those fed on an exclusive milk diet, to suffer with the disease, when properly fed.

Young children begin to suffer from appendicitis after the second year of life, when they begin to take solid foods. The careless, inexperienced young mother will make particular efforts to induce the children to eat all kinds of food that is placed upon the table for adults. She stuffs the innocent youngster with a lot of indigestible food, which is usually improperly cooked and seasoned.

The mother does not stop to realize that the little child has only a small, delicate stomach, which is unfit for a large amount of solid food. She therefore allows the child, who has its little hands extended in frantic efforts to take any article, a potato, a dry cookie, or ice cream and what not, a lot of indigestible food which is very harmful. Mastication of the food is essential before proper digestion goes on. The mother does not realize these facts until she has taught the child the habit of overfilling its little stomach with all kinds of food stuff that is handed off the table.

The stomach is never given the proper amount of rest. When the child begins to complain of stomach disturbances, it is severely punished by a heroic dose of castor oil, tucked to bed and allowed to suffer from an inflammation of the stomach and intestines.

A child's stomach does not tolerate all the food stuff that is ingested by an adult. Even in adults certain kinds of food are not well tolerated by the stomach. Why should they be allowed to children?

So far as my observation and opinion thence derived goes the condition is nearly always primarily an overloaded stomach and bowel. The intestines become filled with a variety of indigestible foods, often in excess, consequently setting up on irritation near the appendix and thus gradually causing an inflammation of the organ.

All attacks of appendicitis are preceded by a chronic inflammation of the bowel. I do not remember of ever having seen a case of the disease which occurred in a person with a well regulated condition of the stomach and bowels. It is almost impossible for the disease to develop as there is an utter incompatibility between a clean bowel and an appendix.

Twelve per cent. of the cases of appendicitis we surgeons are called upon to operate have been caused from foreign substances which have been swallowed and lodged in the organ. Of the numerous foreign substances which have been found, I may name fish bone, bristles, apple cores, seeds from various fruits, concretions, pins and even gall stones. These substances have been the cause of the most severe cases of appendicitis.

Nearly fifty per cent. of the people who have had appendicitis contracted the disease from disorders of digestion. Digestion and constipation were strong predisposing causes of the disease.

Forty per cent of the people who suffer from constipation have contracted appendicitis, and had to be operated upon sooner or later.

The explanation of this fact is that the bowel becomes overloaded with unsuitable food which accumulates into a hard mass near the appendix, pressing on that organ setting up an irritation, and along with the inflammation which was caused by the accumulation of germs and products of decomposition, appendicitis resulted.

Appendicitis is a disease which is un-

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common in old folks, because their diet consists of the plain foods, taken in moderation. They are on the alert to correct digestive disturbances and take particular attention to keep their bowels regular.

The colored people of the South very seldom have appendicitis, because their diet consists of plain and easily digested food.

They take particular care to eat moderately and take a great deal of out-door exercise and are comparatively free from digestive disturbances.

Greenbay Wis.

PATIENT DEVOTION.

By E. S. McKee, M.D.

Poor in purse, poor in knowledge, poor in experience, and poor doctor to the Thirteenth Ward was the writer in 1883. Said ward is that part of Trans-Rhenish Cincinnati which has Findlay Market for its court of honor. This locality is bisected by Pleasant Street. Why so named I do not know, certainly not from its appearance. I was called to that part of Pleasant Street south of Findlay Market to see Anastasia Lemkuhl. That was not her name, but it will serve to indicate her descent and her accent. The illness and the treatment were without event of moment, but this was the start of one of the most remarkable cases of devotion of a patient to her physicion that it has ever been my lot to meet. The party in power which made me physician to the poor of the unlucky Thirteenth remained in power for three years. My successor could never touch Anastasia. She moved frequently, Bank, Dunlap, Elder, Elm, McMicken, Pleasant, Race, Stark. She often changed her residence, but never changed her doctor. It is the women who make or mar the young doctor. She brought me her children, grand children, parents, uncles, aunts, cousins, her in-laws, friends and neighbors. She had four children, two boys and two girls. The father of these children I never saw. In my long acquaintance of more than a quarter of a century I heard only in rare instances a complaint from the children about their father, never one from their mother. I know not whether he be alive or dead. It reminds me of the little girl's talk to her kitty. "Kitty, I knows your brothers, and Kitty, I knows your sisters and your mother, but, Kitty, I never did see your father."

Rumor said, but it matters not what rumor said, she remained true to her church and clung to the cross. How well do I remember the oldest child, a skinny little girl of ten years, when she had typhoid fever. Fearing contagion, every one deserted her but her mother, who watched over her day and night for four weeks, fearing in her delirium she would jump out of that fourth-story window. Thanks to the faithfulness of the mother, the daughter recovered and is now a fine-looking matron. During the years that followed frequent illnesses of herself and children were paid for. I well remember the cold and snowy winter of 1891-2, when lagrippe first made its appearance among us. She and I, like almost every one else, had frequent attacks of 'grippe. I did not then know how to best treat it or I would have been at home in bed instead of going about trying to treat it. Neither of us did well, but were sick off and on all winter. It was during this period that I ran up a bill of fifty dollars against her. Former ones had been small and promptly met. She was always a poor woman, and this one staggered her. The bill stood for fourteen years unpaid, though numerous small ones contracted in the meantime had been paid. I had not sent her a statement for ten years, when one day greatly to her joy she paid it. Fifty dollars after fourteen years. I am sure it gave her more joy to pay it than it did me to receive it.

Anastasia in reply to my upbraiding her on the street one day for not having sent for me for several months, said: "Well, you see, I bought a stand in market, and when the children gets constipated I gives them oranges, and when they have diarrhea I gives them peanuts." Suggestive therapeutics. During the many years after that she stood in market she never failed at my numerous visits to her home to try to fill my pockets with fruit and vegetables.

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I often took them, found a quiet spot and unloaded.

Teddy was the youngest child, and after a long and severe illness he died, greatly to the sorrow of his devoted mother. His death never for a moment shook his mother's faith in her family physician.

Henny was her oldest son. She loved Teddy, but she both loved and admired Henny. He was 25 and and weighed 230 pounds. The idol of his mother's eye, more especially since the death of Teddy. As driver for a brewery, he never shirked his duty, but was always ready to haul a double load. Called to see him I found a temperature of 104.6 and the patient out of his head. He had been ill for two weeks but had kept about his work. The diagnosis of typhoid fever was easy. The disease went from bad to worse, characterized by miningeal symptoms, insanity and very high temperature. Matters began to look serious, consolation was suggested and the priest came. At eight A.M. he started Henny to saying the Lord's Prayer, and he could not stop him. He kept getting louder and louder till you could hear him a square, and the voice sang back at you from the ceiling. I could occasionally change him from English to German, but say the Lord's Prayer he would time after time at the top of his voice. Four men from the brewery who had been sent over to hold him, vanished one by one. Too much of the good thing gets on your nerves, and with the assistance of Dr. Khoun, who lived hard by, we administered chloroform. It took a great deal to affect him. His voice would slowly and stubbornly die away under the influence of the anesthetic, when he would go off in opisthotinos. Removal of the chloroform would be followed by a resumption of the Lord's Prayer, becoming louder and louder till in a few minutes we would again have that echo singing back from the ceiling. Chloroform was repeated with a return of the opisthotinos and it was again removed. This condition continued until half-past two, when Henny died saying the Lord's Prayer, which he had been shouting constantly, unless profoundly under the influence of chloroform, since eight that A.M. There he lay dead, his huge frame outstretched upon the bed, and beside me at the foot, gazing down at her dead son, stood his mother, speechless and tearless in great grief. At last speech came to her, and this is what she said: "Dr. McKee treated my Teddy and he died; Dr. McKee treated Henny and here he lays dead. When I am sick Dr. McKee will treat me, and if I die it will be all right." An almost unparalleled instance of devotion of a patient to her physician. Believe me, she kept her word. A few years later a tired artery in her weary brain, which had known little but sorrow, broke. I was called and treated her through a long and serious illness, at the end of which she was laid to rest on our western hills, between Henny and Teddy.

A few years ago I was called to see little Carrie, fourth generation of this family, a descendent of Anastasia, through her mother. Said mother had married neither too wisely nor too well. I had treated little Carrie all her life, and she hardly thought there was another doctor in Cincinnati. She had tonsillitis, then rheumatism, then endocarditis. On one of my visits the mother met me at the door with tears in her eyes and told me that Charley, her husband, was an Eagle, and he had sent for the Eagle doctor, whom he could get for nothing, and he wouldn't have me any more, and that the Eagles doctor had said that Carrie had St. Vitus' dance. I danced out, fired by the fourth generation. I have not been able to collect my bill.

Herein lies the tonnage of my text. The Eagle doctor is a member of the Academy. A few years ago a member of this society read a paper on the subject of contract practice. The paper was a good one, led to quite a discussion and the passage of resolutions by the society condemning the practice and making it incumbent upon its members, who were employed in this way, to desist. The member who read this paper has left town, but I hope that the good work which he started with such force will not be allowed to fall.

Grand and Nassau Streets,
Cincinnati, Ohio.

Wrist-drop in fractured humerus means involvement of the musculo-spiral nerve.

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SOME SUMMER REMEDIES AND THEIR INDICATIONS.

By H. Hamilton Redfield, A.B., M.D.

Professor of Therapeutics in the Bennett Medical College, Medical Department of The Lyola University, Chicago, Ill. Chief Therapeutist to The Jefferson Park Hospital, Chicago, Ill.

Colocynthin is an active purgative glucoside, derived from colocynthis (common name, bitter cucumber), a vine of the natural order of cucurbitaceæ. Dose of the standard granule, 1/134 grain.

Physiological Action.—Colocynthin acts as a hydragogue cathartic, producing profuse stools, which may be attended with griping pains.

Therapeutics.—Colocynthin is the indicated remedy in cholera morbus, and in diarrhea when attended with pains about the region of the umbilicus which are twisting and griping, and which cause the patient to bend over the back of a chair, face downward or press firmly against the abdomen with his hands. The partaking of food or drink, in these cases, only tends to aggravate the pains. A temporary relief is afforded by the discharge of stool or flatus.

Colocynthin should be studied in neuralgia which may be confined to the trigeminus nerve, and attended with toothache and hemicrania.

But the chief indication is when the sciatic and crural nerves are involved, and when the pains in the hip give a sensation as though the bones forming the joint were being screwed together. There are pains which dart down the left leg with the rapidity of lightning to the popliteal fossa.

Women who are sufferers from ovarian neuralgia, when the typical twisting, griping pains, which come and go at intervals and which cause the patient to bend double are present, find a comforter in colocynthin.

Colchicine.—Colchicine is an intensely bitter alkaloid derived from colchicum autumnale (common name, meadow saffron), a plant belonging to the natural order of liliaceæ. Dose of the standard granule, 1/134 grain.

Physiological Action.—Colchicine belongs to the drastic purgatives. It is also an emeto-cathartic, diuretic, diaphoretic, a cardiac depressant, and gastrointestinal irritant.

In small doses it causes an increase in the secretions, especially of the urine and perspiration.

In full doses it acts as an emetocathartic, being productive of profuse watery stools, nausea and vomiting, with great muscular feebleness.

In toxic doses it is a powerful gastrointestinal irritant. There is griping; the stools are similar to the choleric stools; arterial tension is lowered, and by reflex action over the pneumogastric nerve, the heart is slowed. This is followed by great prostration, convulsions, and finally by death, with full consciousness until carbon-dioxide narsosis ensues.

The question as to whether or not colchicine has any effect upon the excretion of urea or uric acid is still in dispute, but there is quite a little clinical evidence to the effect that it does increase the amount of bile and the total excretion of urinary solids.

Therapeutics.—The great field of colchicine seems to be in patients of a rheumatic or gouty diathesis, where its action is specific. It should be given, preferably, in conjunction with alkali, and the patient brought just to the verge of emetocatharsis.

Murrell strongly advocates the exhibition of colchicine in cases of gout. In these cases he gives colchicine in doses of 1/60 grain, together with a grain of calomel, every three or four hours. The same author has this to say regarding this drug:

"Colchicine, which is an alkaloid with an acid reaction, although comparatively little used in medicine, is a most valuable remedy in doses of from 1/100 to 1/32 of a grain. It has a marked physiological action, producing in large doses motor and sensory paralysis, with death from respiratory failure. Its action is curiously delayed, there being a latent period from one to three hours. It expels the leukocytes from the circulation, collecting them in the bone-marrow. After a time they return to the peripheral circulation, and it is then found that there is an increase in the white

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cells, especially the polymorphonuclear variety. It is possible that in this curious action may be found a clue to its beneficial action in gout. Colchicine sometimes increases the flow of urine slightly but has been known to produce anuria of many hours' duration. Colchicine salicylate may be given in doses of 1/60 grain. It is soluble in water."

This alkaloid is indicated in cholera morbus when the stomach is cold and clamy and nausea and prostration are present The stools are bloody, with white shreddy particles, and the tenesmus is extreme. Here the dose should not exceed 1/500 grain every two hours.

In ascites that is secondary to some obstructive disease of the liver the exhibition of colchicine, in connection with cactin, strophanthin, or some of the other excellent heart remedies, gives most happy results.

Its action as a depletor of the portal circulation gives it a prominent place in all portal congestions, when if given with saline laxative or sodoxylin its action is magical.

It should be studied in cerebral congestions of the acute type, when its action as a revulsive purgative makes it most effective.

In addition to colchicine being the remedy "par excellence" in gouty conditions, it is especially indicated in those cases of gout when the least touch or jar makes the patient wince with anguish, and the great toe and heel are especially tender. The pains, here, are of a migratory nature, and are worse at night.

Compare macrotin, chelidonin, collinsonin, leptandrin, podophyllin, bryonin.

GELSEMININE.—This is one of the two alkaloids derived from gelsemium sempervirens (commoon name, yellow jasmine), a climbing plant of the order of loganiaceæ, and indigious to the Southern States. Dose of the standard graunle, 1/250 grain.

Physiological Action.—Gelseminine is a motor and respiratory depressant, its action being manifested on the anterior cornua of the spinal cord and the respiratory centers. The exhibition of gelseminine in small doses is productive of a slowing of the heart, feebleness of action, impaired sensibility, feeble muscular action, languor, dilated pupils, drooping of the eyelids, and some diaphoresis.

In toxic doses gelseminine produces vertigo, diplopia, dilated pupils (due to paralysis of the third nerve), labored breathing, the heart slows and grows feeble, the jaw drops, gait is staggering, there is exceeding muscular weakness, profuse sweating, general anesthesia, loss of speech, ending in death due to paralysis of the muscles or respiration, consciousness being maintained until the onset of carbon-dioxide narcosis.

While gelseminine lowers the rate of the heart-beat, it does not act as an arterial depressant, neither has it any irritating effect upon the gastrointestinal tract. Given in moderate doses, the effects pass off in about three hours. Gelseminine produces a decided lowering of the body-temperature.

Therapeutics.—Gelseminine is the indicated remedy in all cases of exalted nerve function, and is contraindicated whenever a weak heart exists. Nervous women, children and young persons seem to be especially susceptible to the action of gelseminine, including those who complain of being "all tired out" or "run down."

It is of service in onanism both in the male and female; also for hysterical women, especially when the patient has spasms and complains of a sensation as of a lump or ball in the throat (globus hystericus), palpitation of the heart, the extremities numb as though paralyzed, the urine profuse and clear, and the patient apprehensive and worried.

In cerebrospinal fever, when the patient is apathetic or lies in a stupor, with a tendency to convulsions, delirium, and a bruised feeling all over the body, gelseminine gives excellent results.

The remittent and intermittent fevers of children, when the nervous symptoms are marked, are much benefitted by gelsiminine.

In all fevers which are characterized by marked nervous symptoms gelseminine should be the remedy of choice.

It should be remembered in congestive headaches, as well as those of neuralgic or reflex type, which begin in the cervical region and extend up over the top of the

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head, there being a sensation of fullness or bursting across the forehead, and the eyes feel as though they were being pushed out of the sockets. The patient is completely relaxed, and there is great muscular prostration.

During confinement, when the os is rigid and labor retarded, with the patient highly nervous, the exhibition of the gelseminine together with caulophyllin will be productive of the best results.

Relaxed, irritable and cold genitals in the male call for gelseminine. There are nightly emissions without an erection, and the patient does not awaken from sleep when ejaculation takes place, but awakens in the morning to find the night clothing stained and himself completely exhausted and nervous.

In mania, when the motor excitement is great and the patient a sufferer from persistent insomnia, gelseminine gives relief.

In pneumonia or pleuritis, provided the action of the heart is not weak—which would contraindicate its use—gelseminine to full physiological effect is one of the best remedies.

In coughs which are convulsive or spasmodic in character, gelseminine should be given attention.

A full dose of gelseminine at bedtime will often abort a coryza.

It finds a sphere of usefulness in the treatment of neuralgias, especially those affecting the fifth nerve.

Any strong emotion, such as fear or fright, bad news, etc., which might produce exhaustion or muscular weakness, indicates gelseminine.

In delirium tremens and insomnia its exhibition has been followed by a disappearance of all the symptoms.

After-pains of labor are frequently stopped by gelseminine in full doses.

Incontinence of urine, due to a paralysis of the vesical muscle-fibers, in women and children, is relieved by gelseminine.

It has no equal in ovarian neuralgia.

The pains of dismenorrhea often are relieved by gelseminine.

It is the first remedy to be given thought in prostration and exhaustion due to exposure to the sun's rays; although, if in these cases the congestion is very marked, glonoin will give better and quicker results.

Paresis and paralysis occurring as sequels to diphtheria are combatted by gelseminine; and it is often the only remedy that is needed in these cases.

The acute inflammatory fevers of childhood demand gelseminine. These patients present a marked nervous condition, with eyes bright, pupils contracted, while a high state of nervous tension exists.

Compare its action with that of atropine, veratrine, cicutine, and hyoscine.

622 W. 71st St., Chicago, Illinois.

BAUNSCHEIDTISM.

By J. A. Burnett, M.D.

Most of the medical profession do not know anything about Baunscheidtism or what is also known as the exanthematic method of cure. This is a system of treatment that is used more by the laity, especially by Germans, than by physicians, possibly because it is simple to use and does not possess much curative influence.

No matter about the results from any form of treatment or whether it is recognized as being of any value or not, all well-informed physicians should know something about it, especially if it is some method that is familiar with a great mass of the general public, for any layman would think a physician ignorant if he did not understand all methods of treatment. Baunscheidtism or the exanthematic method of treatment is an external method of treatment accomplished with an instrument and an oil. The instrument is about 10 inches long and nearly an inch in diameter at the large end, and tapers to a sharp point at the other end. The large end contains 30 fine needles fastened to a spring arranged so by pulling the small end of the instrument and letting it loose they all pierce the skin at one time. The action of the spring is so quick that the needles do not cause any or much pain even when force enough is used to cause blood to ooze out of the needle holes. The oil is put on the surface punc-

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tured by the needles. Some put it on before puncturing and others put it on after the puncturing. This puncturing is applied over any part of the body, usually in localities where counter-irritation would be used, and is of no doubt of some value in cases where counter-irritation is indicated.

The imported instruments and oil can be obtained and the imitations are made and sold by several houses in the United States. The instrument used can be purchased for $1.50 to $5.00. It is called *lebenswecker* or resuscitator. The oil is a secret or sold as a secret by all houses, each claiming theirs to be the best. It is sold for 50 cents to $1.75 a bottle of about one ounce size. When the treatment is given with the instrument and oil, sooner or later, small millet seed-like blisters appear filled with a yellowish fluid, which is said to be the poison from the system. It is claimed that if a person is in perfect health this eruption will not appear. This is claimed both as a test from health and as a proof of this form of treatment being of value. The advocates of this system of treatment claim the chief seat of every dangerous disease is in the spinal column, and they always treat the spine in severe cases. The treatments are given about every fourteen days, except in rare cases. This gives time for the vesicles, pustules, etc., to dry up and peel off.

John Linden, of Cleveland, Ohio, is author of a "Manual of the Exanthematic Method of Cure," a cloth bound volume of over 400 pages, and passed through over 20 editions. It is published in both English and German. John Linden also sells the instrument and oil, as well as his book.

Carl Baunscheidt, a German, was the founder of this system of cure known as the exanthematic method, or Baunscheidtism, after his name, or at least it was his influence that brought it into such general use. John Linden gives credit to Dr. Ferdinand Schrattenholz for the first impulse of the present instrument, and traces the history back for centuries in China and Japan, and in a work published in France in 1694, also back to the American Indians.

The oil used by C. Baunscheidt, of Bonn, was held as a secret, and as he has been dead for several years there is no way of finding out what it was. According to Hagar (Arends Spezialitaten und Geheimmitted), Baunscheidt's oil consisted of

℞ Euphorbium ..... 1 part
Mezereum ..... 3 parts
Alcohol ..... 1 part
Olive oil .....20 parts

According to Hoffman it consists of

℞ Euphorbium ..... 5 parts
Cantharides ..... 3 parts
Olive oil .....100 parts

Another supposed formula is

℞ Croton oil ..... 1 part
Olive oil .....100 parts

There are but few articles in medical journals on the exanthematic method of cure. I have noticed a few queries in the journals regarding it. There is a valuable article on "Baunscheidtism" in January, 1911, *American Journal of Clinical Medicine*, by Dr. M. M. Cook, of Seattle, Wash., in which he says: "My preceptor, Dr. C. H. Blecker, was a finely educated German, who during his life made a specialty of this treatment. I learned the method of him in 1873, receiving the *lebenswecker* and the oil manufactured in Germany, and Baunscheidt's book. (*'Lebenswecker'* in English is rendered as 'resuscitator,' literally meaning life-awakener.'—Ed.)"

Dr. Cook says the German instrument and oil are considerably more elegant than those made in this country. The resuscitator consists of a neat cylinder of hard wood for the outer part, which is a small instrument eight inches long. A round head of solid lead five-eighths of an inch in diameter and three-quarters of an inch long has one end set with twenty very fine sharp needles, while to the opposite side is attached a spiral brass spring running through the wooden cylinder and terminating in a wooden thumb piece.

The book by Baunscheidt claimed the oil was made from the yellow ant of Germany. Dr. Blecken used three formulas as an imitation of the German oil, as follows:

℞ No. 1: Croton oil.....3ij.
Olive oil .....3vj.
℞ No. 2: Croton oil.....3iij.
Olive oil .....3v.

℞ No. 3 is made by putting six to twelve live honey bees in one ounce of prescription

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No. 2, and agitating them until they are drowned. No. 3 was used in the worst infections of syphilis.

Dr. Cook applies the oil before he uses the instrument. It is applied with a soft brush and not rubbed. The instrument is then applied smartly surrounding the affected region, continuing the spiral toward the center. Rpeat say half a dozen times until the skin shows a pink glow. Cotton is placed over the parts treated and covered with bandage and not removed before the fifth day. Dr. Blecken repeated the application every fourteen days.

Dr. Cook states: "Whether Baunscheidt was a regular physician or not I do not recall, inasmuch as his book is not at hand. I do know, however, by seeing Dr. Blecken's work as well as from my own experience in many cases that the treatment will do what drugging internally often cannot do. It is not always practicable but in selected cases, as is true of all good remedies it is the thing."

I found by corresponding with Dr. Cook that he considers the three formulas as given above by Dr. Blecken will do anything that the imported oil will do. The German imported oil must contain croton oil, as a small amount will quickly act as a purgative. The inhalation of it by giving several treatments a day will in some instances act as a purgative on the operator. Dr. Blecken would be purged similar as if he had taken a dose of croton oil when he was busy giving these treatments, is which led him to suspicion croton oil in the German oil. The eruption produced by it will also prove that it contains croton oil.

John Linden in his book says of his oil: "In cases of constipation, give seven to ten drops of the oil in an egg with water." This is evidence his oil contains about one-tenth part croton oil.

In my early practice I found an old lady using croton oil locally for rheumatism, which she said gave her better results than anything she had ever used. I tried it in several cases of rheumatism, lumbago, etc., and with very good results. I found some were very susceptible to its influence and some are hard to effect with it. I applied 5 to 10 drops pure croton oil locally once a day until it began to irritate. I know a physician that applies equal parts of croton oil and tincture of iodine on the chest in bronchial troubles. Tartar emetic is another drug that can be used locally for counter-irritation. It will produce vesicles like croton oil or Baunscheidtism. It has been used for many years on the spine in hysterical women, and for lumbago, etc.

Dr. Cook places great confidence in the exanthematic treatment, and has tested it for many years. He writes me that any physician will be pleased with it who will give it a thorough trial. He knows of another physician who has used this method for years and places great confidence in it.

Betz, as well as most surgical instrument dealers, can supply the instrument and oil.

Marble City, Okla.

MEDICAL ETHICS VERSUS HARPIES OF MEDICINE.

By T. G. Stephens, M.D.

The harpies are described in mythology as winged monsters, daughters of Neptune and Terra, names Aello, Celaeo, Ocypetes, with the faces of virgins, the bodies of vultures and hands armed with claws. In the medical profession we have an element, or rather a class, who are veritable human harpies—we refer to the abortionist. This despicable class who have foistered into the medical fraternity resemble nothing so much as the mythological harpies under the guise of being an honorable physician—a man who by the virtue of his pledge to use every effort to relieve human suffering and exert an influence for good, wontonly tears down the greatest bulwark of virtue, and sows the seeds of death. Not only may the work of the abortionist end in speedy death or protracted ill health, but coupled with his work is immorality and license which is diabolical indeed. The abortionist is truly a cowardly murderer, and he should not be allowed to masquerade as a physician. He holds nothing in common with the medical profession, which in every cause is one of the noblest and most useful of callings. Every physician should report to the detective officers the names of abortionists, and use every means at his disposal to ex-

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terminate these harpies. In Great Britain the penalty for this is death, and in the United States the penalty was originally the same, but has been reduced to States Prison.

Sidney, Iowa.

NEPHRITIS.

By William N. Wilson, M.D.

Acute renal hyperæmia, or albuminuria, chronic, and occasionally subacute nephritis, and the uremias, constituting what is called Bright's disease of the kidneys, but often spoken of by physicians as a "complication of diseases."

Albuminuria or nephritis was looked upon as one single disease by Bright, of England, its discoverer, but since that time, by the investigations of many physicians there have been found between twenty and thirty forms of this disease, arising at any age, from a child three months old, who died of anasarca, and it is found in youth, manhood, middle age, and the aged, who are the victims and die of one of its forms when there is nothing else to die from, baring accidental death. Every form of nephritis is always produced by acute renal hyperæmia, or congestion of the renal organs, which ordinarily run parallel or concurrently with primary diseases; the exanthemata, and all fevers and other ailments as skin affections, tuberculosis, etc., and is also due to premature age or depravity, or it appears nonconcurrently; that is, without any specific disease as the exciting cause: for nephritis comes on alone from degeneration of structures, and the kidneys are always implicated.

The only way in which a person can tell that something is wrong with his kidneys is a febrile condition and by the color of his urine, which may be dark or may be of a whitish cast even weeks before he comes down with nephritis. As far back as 1880, the late Henry R. Baldwin, M.D., then one of the local surgeons of the Pennsylvania Railroad, at New Brunswick, N.J., said to the writer that he "nearly always tested the urine of his patients for albumen, for the approach of pneumonia, pleurisy, and carbuncular diseases, to see if there was albumin in the urine, and especially when the impending diseases were delayed in manifesting themselves, for with some persons they are generally two or three weeks coming down before the disease reaches its acme. In the beginning or prodomata, the patient wears a somewhat sleepy look, or is affected by uræmic coma, and convulsions if a child, and if alubmin was found, they were sure to have one of these diseases.

We see a fierce disposition aroused up in man, dogs, lions, tigers and serpents, who live mostly on animal food, which produces the greatest amount of urea and uric acid, which are toxic poisons to the blood in some persons, overwhelming the nervous system by a brain or nerve storm, and they are generally cross and quarrelsome. The horse who makes his dinner of oats, without the corresponding working, is not exempt from pneumonia, if he gets chilled, and has nephritis with swollen ankles and heart disease, or is stiff and foundered in his old age.

The kidneys are a part of the emunctory system, and as sewers of the body are also sympathetic organs, highly endowed with sensitiveness as far as diseases are concerned, and are likely to be congested and take on any inflammatory disease that the body is attacked with.

Nephritis may be due to accidental, specific and pathological causes, due to systemic derangements and diseases, particularly to degenerative or constitutional changes and acute renal hyperæmia or congestion of the kidneys comes with the prodomata of every known disease, proportionate to the severity of the malady, which is engendered or increased by infection or contagion as well as idiopathically or alone, and it is brought on by a failure of the kidneys themselves, or it is a constitutional disease, because the person's system is affected, first by that materius morbi called Bright's disease, which drags the kidneys into it, or the kidneys and constitution are jointly affected at one time by a derangement as senility or premature age.

"There is no pain with this disease when it first comes on as a rule, but tenderness on pressure is obtainable by pressing with the hands on the loins, in acute nephritis,"

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but rarely ever in the chronic form in the kidneys.

Nephritis is divided into the concurrent form and the nonconcurrent or degenerative form, and the concurrent form which does not run usually longer than the time limit of the primary diseases, as the exanthemata, etc., but is always found running parallel to them, so that a person is ill of two diseases at once, and the patient usually gets well, providing that he does not get chilled or is guilty of no error of diet, and also that renal hyperæmia has not existed too long and has become chronic nephritis.

What is nephritis, and what are the causes in the human subject, for other animals, as the horse, has it, and is called "foundered," and has swollen ankles in his old age, or sooner?

Acute renal hyperæmia is an active determination of blood to the kidneys, which may get well or pass into the chronic stage.

Passive renal hyperæmia or venous stasis is a retention or a retardation of venous blood in the kidneys, and is generally seen in trouble with the right side of the heart, and in chronic liver diseases, and both of these may last a variable time, even to thirteen or fifteen years, and during this time it may degenerate into a subacute nephritis, then becoming suddenly worse with a uræmic attack, or from exposure, as the finale of the disease.

A transitory congestion of the kidneys may exist and is manifested by a fever, acute visual disorders, stupor, and temporary paralysis, and sometimes with convulsions in children, but passes away soon; but a person coming down with any severe disorder becomes uræmic as the disorder grows graver or to its height at the beginning, and he may reach the stage of uræmic coma and convulsions, a sleepy, comatose condition, and in the prodomata of severe epidemic influenza, etc., he cannot be aroused when it begins at its invasion, with a hot head, rigors, a high fever; and in a child, with convulsions, vomiting, strabismus and insensibility, in proportion to the lung trouble and the fatality of the disease. Acute uræmia in fevers does as a rule recover permanently, and there are two kinds of nephritis, the putrid or the nondegenerative or the concurrent form, which includes the exanthemata, and the second is the nonputrid or nonconcurrent or the degenerative form, which comes at any or all ages and usually fails to get well.

Albumin appears as high as one per cent. in degenerative changes, notably in amyloid diseases, and a small amount of albumin is a safe guide to the gravity of the situation, but the sediment in the urine is rarely 10 or 15 per cent. in bulk by tests, but there are in the various forms of nephritis blood casts, bacterial casts, false casts, pus casts, epethelial, granular, fatty, waxy, hyaline, cylindroids, and the casts and debris of scarlet fever and other infectious and contagious diseases.

In abnormal urine, the sp. gr. in acute kidney disease is higher than 1020, which is normal, but in nephritis it reaches 1025, 1030 and even 1040, is scanty, turbid, thick and dark in the early part of the disease, in acute diffuse nephritis, as in the early stage of scarlet fever and other inflammatory fevers, while in irritation about one-half of the quantity or less is passed than in health; but in chronic kidney disease as in interstitial nephritis, the sp. gr. is 1010 to 1016, and in amyloid disease it may be 1004 or 1006.

"The watery parts of the urine are secreated by the malpighian bodies in the kidneys which lie in small sacs, the commencement of the uriniferous tubules, and the saline parts of the urine are separated from the blood of the venous capillaries which convey the blood back to the renal vein," and it is believed that the uriniferous tubes, by means of their epithelial lining, separate the urine from the blood of the vessels which are in contact with them."—*Pocket Anatomy, by C. E. Isacs, M.D.*

The urine in nephritis is increased by a degeneration or a lesion of the pancreas; in cirrhosis of the kidneys, in amyloid or waxy kidneys, in cardiac hypertrophy, and in certain stages of nephritis, in hysteria, convulsions, and sometimes in gout, and in diabetes.

The urine is decreased in acute nephritis, granular kidney, in chronic interstitial nephritis, cyanotic induration of the kidneys, from cardiac defect and inflammations.

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The urine is suppressed in acute nephritis, in algid stages of Asiatic cholera, yellow and violent fevers, including pneumonia, enteric and typhus fevers, and in inflammations; from shock and collapse, from internal injuries as fracture of the liver, and in spleen and bowel diseases; in violent influenzas, and by catheterization, and nephritis is often followed by uræmia, and death by taking anesthetics, as chloroform and ether, or it is brought on by hard drinking, by a protracted spree of two or three weeks, in which renal hyperæmia or acute nephritis may supervene or may go hand in hand with delirium tremens.

There must be a disposition to nephritis, because a single inflammation of the kidneys will not produce it, as a nephritic calculous formed in the healthy kidney and passing down the ureter will recover.

In many cases nephritis steals on a person as a degenerate disease, as a thief in the night, and the urine is not apparently bloody, but when tested by heat and nitric acid it shows hæmatine, and the person may have passed through acute renal hyperæmia without noticing the color of his urine, only to be prostrated suddenly by uræmia, like a flash of lightning out of a clear sky, with a pain in the pit of the stomach which is indescribable, and usually dies or is found dead in the morning.

Nephritis may be divided into the concurrent form, that is coming on with the exanthemata, all fevers and diseases, etc.; and secondly as the nonconcurrent or the idiopathic nephritis coming on without any known causes excepting a degeneration of the body, an idiosyncrasy, a cachexia or a dysuria, or a growing depravity of the system, to a poison secreted in the person's system, undermining its vitality,

There is usually with young persons in health an awakening in the morning, a puffy swelling existing of the under eyelids, and wrongfully ascribed to sitting up late, and to hard sleeping to make up for this, but this is due to a daily irritation of the digestive and renal organs which need hours of rest and recuperation, because of a voracious appetite; but the simple habits of life are required by those who desire to live to a green old age and not die prematurely of the gout or Bright's disease in some of its forms, as arteriosclerosis. Our primitive ancestors were plain people dwelling in tents, who ate plain food, and there is no record among them of colonial plum pudding, fruit cake or mince pies with brandy or cider brandy in them, if they were made then, and the courses at dinner could be counted easily, instead of having a bill of fare, and they did not import their cooks from France, but could count their "dubloons," their "psisacs," "talents" and "sheckels" by the peck measureful, and they lived from three to nine centuries, and then died of old age.

Albumin is excreted with mucin by the mucous membranes from the nares by a cold in the head; from the bronchii in bronchitis, the lungs in pneumonia, from the gastrointestinal tract in intestinal catarrh, and in cholera infantum and in chronic diarrhea, and probably the fatty acids are in excess of whatever the alvine discharges fall upon the skin they redden the buttocks by producing an unhealthy inflammation, an erythema; for the blood is lacking sufficient albumin to guard against this, and it is surmised that the blood at this time is thinner in diseases, and this quality permits the albumin to escape from the blood through the arterioles of the kidneys, but nonconcurrent nephritis in one half of the cases implies a diathesis, a chachexia, a physiological degeneration or premature age, a disease of the albumen itself in the blood.

Albumin is present in the concurrent and nonconcurrent or degenerative diseases of the kidneys as a distinct disease, and it is much more of a disease than a simple excretion of albumin, and coming to especial subjects, but a simple pyelitis can exist without the degeneration of nephritis, for often a calculus can form in the kidneys and pass down one of the ureters to the bladder, causing an inflammation by abrasion, but it does not cause Bright's disease, showing that there must be a degeneration of tissue to cause it.

Albumin does not appear in the urine in health, and is the signal of disease. The white of an uncooked egg is an answer to what is albumin, which is found in every organ in the body and in all fluids excepting perhaps the tears and the normal urine,

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and when in the urine it is a pathological substance of diseased conditions, and the albumin in the blood may be partially coagulated by fatty acids from the body, for as a rule acids coagulate albumin as well as heat; but in fatal thermic fever or sun stroke the albuminous fluid coagulates in the blood, and in the water cushion upon which the brain rests, and this fluid becomes disorganized, a waste material, pathologically considered, and the residue of the blood becomes more fluid and its color changes to a bright red. In Asiatic cholera the vomitus and feces are floculent which are poured into the intestinal canal, and are called "rice water discharges," because of the albuminous fluid which is coagulated by some chemical agency of the disease, and if the person lives a while it is the changes herein mentioned which prevents convalescence. In yellow fever if the vomitus is black the blood is nearly acid and the prognosis is unfavorable, but if the vomitus is white it is favorable to recovery.

27 Carver St., Boston, Mass.

PECULIAR SKIN TROUBLE--PRURITIS SENILIS?

DOUGLAS H. STEWART, M.D.

The peculiar skin trouble mentioned in your columns recently by Dr. Davis, and commented on by Dr. Field, appears to me to be pruritis senilis, caused by wasting (or senile changes) in the skin whereby the terminal nerve filaments are no longer protected as they should be. There is at least loss of protection if not positive pressure. Taking off the clothing, exposing the skin to draughts or doing anything calculated to drive the blood out of the skin or render it more anemic (less swollen as it were) naturally lessen the protection which the skin may afford and expose the nerve ends to undue irritation. Among old women it must be very common, as I have it as a complication to prolapsus, uterine cancer, etc. Should I not be able to relieve it my patient obtains no sleep, and the result of an operation may be fatal from sheer exhaustion. Ung. something or other is always dirty and commonly inefficacious. Two prescriptions I use almost daily with cream of tartar lemonade. That is, make a pint of good lemonade, with sugar if desired, put in a heaping teaspoonful of cream of tartar. This should be drunk daily in such quantities as the patient wishes, *i. e.*, all at once or in divided portions.

Locally.—Let the patient rub in a mixture of equal parts chloral, camphor, and carbolic (say āā ʒi), Put it up yourself, for the apothecary is fairly sure to volunteer the remark that "It will burn frightfully." The psychological effect of which unfounded comment I have only been able to offset by touching a drop to my own hands or tongue, and then painting some on the patient's hand. If it really burned it might be well applied to the druggist's tongue with the idea that the resulting pain would keep that deceitful member still. However, the point is this, never prescribe it, and if you are compelled to prescribe for any reason, then use this:

Borax .....ʒj.
Prússic acid.....ʒij.
Aqua rosæ.....ʒviij.

Finally, if you have such a case in a young person (say 18 to 50 years of age) watch for the first symptom of locomotor ataxia, in as much as it sometimes appears even before gastric crises in this disease. The only visible eruption is finger nail scratches.

128 W. 86th St., New York City.

THE JULY NUMBER OF THE SUMMARY.

A Nevada subscriber, under date of July 18th, wrote us as follows:

"The July number of the SUMMARY, even though the weather was so insufferably hot in Philadelphia, compares well with your mid-winter issues.

"Give us more suggestions like the one in re strychnine and atropine, and we will keep the SUMMARY full of ideas every month, be it in the winter or the summer."

Frequent attacks of cold in the head in children is alone almost conclusive evidence of adenoids.

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Medical Gleanings

Under this head we endeavor to present a Condensed Summary of Practical Medicine, drawn from the best and most reliable sources, thus saving our readers much labor in winnowing out from the chaff, medical grains of real value.

EXAMINE THE URINE.

Every sick patient is entitled to thorough examination. Too often, however, an examination of the urine is neglected. This thought has been recently impressed by the revelations in several cases of disordered health in which the symptoms were quite diverse. In each of these cases a single symptom, together with the facial expressions, led to an examination of the urine. One complained of an intense neuralgic headache, worse at night and upon lying down. There was also some gastric flatulence. Another complained of intolerable itching about anus. The third urinated frequently, but not copiously, but the urging was imperative. The fourth experienced an otherwise unaccountable fatigue and gastric distension. A fifth one had a sudden attack of cardiac palpitation, the heart also skipping every third beat. Urinalysis revealed the presence of sugar in each of these cases. —*Eclectic Medical Gleaner.*

HOW TO AVOID "TAKING COLD."

Everyone "catches cold"—that means everyone at irregular intervals suffers from a simple cold to a severe pneumonia. A simple cold with acute nasal congestion is an unmitigated nuisance, while a severe pneumonia is one of the tragedies of physical life.

I believe I have found a way by which most "colds" can be conquered if fought at their birth. Some years ago a friend said to me, "when I feel a strong draught blowing on my bald head I always rub it hard—that brings the blood back, and so I avoid taking cold." Later on I noticed that sneezing is always followed by congestion of the face, especially in those who sneeze heartily—that is "Nature's way of bringing the blood back," said I, remembering my bald-headed friend. Acting on this principle, I have experimented sufficiently to know that "bringing the blood back" does drive away "colds," and that sneezing is Nature's way of restoring (or trying to restore) the normal circulation when a surface anemia has been caused by surface chilling.

Therefore, when the nasal mucous membrane is first congested, and one feels he is "taking cold," let him bend the body forward (as in picking up a pin from the floor) and "strain" gently till the face is red, then (in the erect position) try to breathe through the partially occuled nostrils; repeat this process till the nostrils are freely open. Of course one should exercise and take hot drinks till that chilly feeling disappears, but that does not drive away the nasal congestion which so often introduces a severe cold.

This new method of avoiding "colds" by bringing on forced nasal hyperemia, and following this by patient nasal respiration till the nostrils are freely open, "sounds silly," but after three years of practical experience, I have decided to publish this brief statement.—*Dr. Richard Ellis, in Medical Record.*

A NASAL WASH.

J. D. Grant writes that many persons who habitually wash out the nose with plain water contract a swelling of the mucous membrane. Relief comes when the customary washing practice is stopped. For treatment of this condition, a hypertonic solution, such as 50 per cent. Glauber's salt solution is effective, tending to deplete the mucosa. Even better results may be obtained from an isotonic solution, except when there is great dryness and ozena. In this condition a hypertonic solution should

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be employed, for instance, plain water with a mere trace of salt. Grant recommends the following for cleansing the nose in chronic rhinitis:

℞ Sodii biboratis.....gr. xcvj.
Sodii salicylatis,
Sodii chloridi.....āā gr. xlviij.
Glycerini .....ɱlxxij.
Aqua mentholis.....ad. ʒvj.

For use, a teaspoonful of this mixture is placed in about one ounce of warm water. —*Practitioner.*

TREATMENT OF ACUTE RHEUMATISM.

Dr. John Laird, in *The Practitioner* for February, 1912, dwells upon the necessity of using decalcifying agents in the treatment of rheumatism. The fibrous tissues, chiefly involved, contain a relatively large amount of calcium salts, and these one should endeavor to remove when in excess. The author points out that the remedies in vogue in rheumatism, viz., lemon juice, alkalies, and citrates, as well as sodium salicylate, all tend to act in this manner.

In treating an acute attack Laird orders rest in bed, clears out the bowels with a small dose of calomel followed by a saline (keeping them thereafter gently open each day), and gives the following mixture every three hours:

℞ Potassium bicarbonate.....3ij.
Tinct. aconite.....ɱ viij.
Tinct. aurantii.....3j.
Aqua chloroform....q.s. ad. ʒviii.

M. Sig.—Add two tablespoonfuls to the same quantity of water in a tumbler, then add one tablespoonful of fresh lemon juice and drink while effervescing.

The aconite should be discontinued after the first twenty-four or forty-eight hours. Between successive doses of the mixture the author gives pure sodium salicylate in sufficient amount to relieve the joint pains; but he relies chiefly on the effervescing preparation to "eradicate the poison."

Fluids should be given freely; barley water acidulated with lemon juice is acceptable as a drink. In addition to the use of decalcifying agents, calcium salts should be withheld. Hard water is therefore to be avoided, and milk should be omitted from the diet. Under this plan of treatment Laird avers that there is less likelihood of cardiac or other complications arising. In chronic forms of rheumatism, he administers the effervescing mixture three times a day before meals.

GASTRIC DISORDERS AND SMALL HEART.

A connection between a special set of gastric symptoms and a congenitally small heart would seem to afford a fit subject for skepticism; but the orthodiascope, which enables the x-ray operator to study the human heart and its relative size while in action, and the electrocardiograph, which makes it possible to obtain records of venous, arterial, and cardiac pulsations, have placed such a pathogenic relationship on a sound foundation. A fixed normal standard of the dimensions of the heart having been established—the tables of Groedel, based on tracings in the upright position,—it became possible to identify as small, any heart which fell below the minimum measurements adopted as normal for the corresponding size and sex. We are not dealing with a new question as far as the existence of microcardia is concerned, the founder of modern medicine, Laennec, and long after him Virchow, Wilhelm Müller, These, and many other authorities, having given it careful attention. But all their work was done either on the hearts of animals or on the human heart only after death. The orthodiascope, on the other hand, has not only made it possible to study the morphological features of the question in living man, but also to identify the clinical phenomena which the presence of a small heart entails.—*Adler and Kriedel (Archives of Internal Medicine).*

IN HAY FEVER.

℞ Fld. ext. grindeliæ robustæ,
Fld. ext. yerbæ santæ.....āā 3j.
Aquæ .....3xj.

M. Sig.—A teaspoonful every 20 minutes till relieved, then at intervals of three hours till cured.

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Notes and Queries

For this Department we cordially invite Questions, Comments and Criticisms on all Topics of interest to the Physician in his daily work for relief of the sick, thus making the Summary a valuable medium of communication between the medical profession.

Correspondents will give their names and addresses, but initials will only be printed when desired.

The queries in this issue await the Answers which our intelligent readers may be pleased to contribute for publication in our next.

INTESTINAL TROUBLES IN INFANTILE LIFE.

Editor Medical Summary:

I desire to say a few things concerning the intestinal troubles in infantile life. I hardly think it necessary to occupy space with a discussion of the etiology, nor even the bacteriologic problem in reference to this pathologic condition; for the class of SUMMARY readers who appreciate applied knowledge derived from the clinical observations of the physician, are already posted on the theory of these scourges of infantile life, and generally concede that among its most potent pathologic causes may be named the period or season most likely to develop the conditions is the hot season of the year. Period with the child most likely to develop these troubles the period of dentition. That indigestion plays its part in the causic drama goes without saying.

But we all know that this condition exists, no matter what its cause is; and it is our duty to meet the therapeutic and prophylactic conditions as best we may. It is of this I wish to say some things.

As the mothers who furnish the lacteal secretion from their own mammæ, they should avoid anything in their own diet calculated to engender digestive disturbances in themselves; as this often effects the part of her being, even after the period of utero gestation has passed, and during the period of lactation; and still until the period of dentition is completed to the extent that it furnishes a sufficient number of teeth to masticate properly prepared food, at suitable periods; then under normal conditions may the child be taken from the maternal organ of nutritional supply.

I have seen some mothers who would masticate great boluses of food and feed the babies, and I am sure this could not be considered aseptic, nor in accord with the pure food act. Just think of the liability to contamination in this disgusting method! But I have hinted enough on this line; let me now tell you something about a treatment I feel safe in recommending.

Some years ago, I came across a prescription in the *Medical World,* which proved to be an improvement on the old bismuth and Dover's powder camphorated tincture of opium treatment, so much in vogue thirty-five years ago. I should also have enumerated in the above the hydrargyri cum cretæ, vel hydrargyri chloridi mitis. I wish to intercept right here that the last named drugs are obsolete with me; I have banished them from my armamentarium almost entirely.

The prescription I allude to of the *Medical World* contains, as far as I can recall, bismuth subnitrate, cretæ præprrara and sulphocarbolate of zinc, and powdered nutmeg in syrup of ginger. I do not at present recall the quantities of the ingredients. Several years ago I was led to change the prescription on account of trouble the syrup of ginger gave me. I found that syrups and elixirs in such medication in intestinal derangement are objectionable generally. Here is the way I write my improved prescription:

℞ Bimuth subnitrate.....3ij.
Cretæ prep.....3ss.
Carbo ligni.....3iss.
Tinct. hamamelis.....3ij.
Tinct. secale cornutum.....℥iss.
Aqua menth. pip.....q.s. ℥iij

M. Sig.—A teaspoonful after each passage from the bowels. I sometimes, if the indications point that way, increase the carbo ligni and add one or two drops of tinct. ipecac to four or five doses. I also make another prescription, which is gener-

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ally demanded to hasten a successful termination:

℞ Tinct. echinacea.....5ij.
Fld. ext. populis monelifera...5j.

M. Sig.—Ten drops to infant three months old; increase dosage for older ones. A child a year old can take half a teaspoonful every three hours during the day time.

Never waken a child out of sleep to give medicine, unless, of course, there is a comatose condition.

There is another old syrup I have discarded and prefer it compounded without syrup, and that is the syrup rhei comp. I prefer a compound mentioned in the *American Dispensatory* as syrup rhei et potass. composetus. Eliminate the sugar from the standard formula and you have it right. The digestive power of an intestinal canal in the cases I have under consideration here is already much impaired, and to require them to digest the syrup in conjunction with drugs prescribed for therapeutic purposes it often impairs the effect of the drugs. This I conclude to be the case in the prescription I have mentioned above.

This may cause drugs to become toxic agents by chemical change, caused by the action of digestive juices.

I wish to call attention to the fact that such cases should be given plenty of water, not in a large amount at any one time, but small quantities often repeated. If fever prevails in any case, sponging with warm water to which has been added a small quantity of vinegar; this is an excellent antipyretic. I believe castor oil to be one of the purgatives, or Epsom salts, in broken doses. Aconite has an important function in many cases, used in small doses; repeated for a few doses frequently until the temperature begins to decline.

I wish to say as a matter of dietetic instruction, the mother's milk is generally superior to anything else to nourish infants, and should be regulated, both in regard to quantity taken at a time, and time of taking. This being the important point to determine by the attendant in regard to dietary instructions. To children who use artificial nourishment the same rule applies, bearing prominently in mind that troubles of this kind require close watching. Older patients who eat ordinary food should be restricted in their diet, and I am sure it is better to adopt a milk diet, limited in quantity, and administered often enough to prevent inanition.

In numbers of cases I am sure that the judicious administration of Dr. Andrews' *spiriticus frumenticus Americanus,* vel spiritus Duffy will do, if there is not time to change the techneality in the nomenclature.

W. M. Alter, M.D.

England, Ark.

POLIOMYELITIS AND BEDBUGS.

Editor Medical Summary:

Information is requested regarding any correlation between insect bites and the onset of poliomyelitis. Physicians are especially requested to ascertain if the bed, chamber, dwelling, or summer camp occupied by case at time of onset is infected with bedbugs. Did patient have reason to believe he was exposed to bedbug bites in a public inn, amusement hall, sleeper, passenger boat, or elsewhere shortly before illness Any data relating to bedbug bites and coincidental onset of infantile paralysis or other acute illness will be appreciated, tabulated, and published.

Jacolyn V. V. Manning, M.D.
Research. Not in Practice.
151 Lafayette Ave.,
Brooklyn, New York.
Medical exchanges please copy.

SEVERAL MORE POINTS ABOUT THE MOON AND ITS INFLUENCES.

Editor Medical Summary:

In my communication which was honored by publication in the July Summary, I very carelessly gave credit to Dr. O. B. Surface for writing well on "Instrumental Delivery," when such credit should have been given to Dr. Charles Van Wye.

You will remember that I have had some views regarding the moon as a valuable time keeper for doctors.

There is a mistaken prejudice against the moon in connection with any such relation, and I desire to speak for our most useful luminary.

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I contend that her face can be utilized by us in certain particulars, as it is by the nightly mariner to whom she "travels as a shining hand that marks off the hours with an accuracy no clock can ever rival." It is utilized by the surveyor, by the courting couple, and shall I again court prejudice by writing that it is utilized by the farmer, and by the old woman in connection with "worrums,' and spasms?

But there *is* a relation in time between the phases of the moon and menstruation—and undoubtedly the ancients well coined the word menses, monthly, or moonthly discharge.

Women usually give birth at times which anticipate by a few days their menstrual dates, or the births may occur a few days after the usual date for menstruation. *They seldom menstruate during the days of the full moon.*

In this statement I am amply substantiated by the celebrated Landois in his physiology.

The times for menstruation, and therefore the times when labor may be expected, are usually at the new moon, a very dark period, as if nature sought to hide the woman in her impurity, while she "pays tribute" to it, and when the moon hangs by its horns, in the shape of a small crescent, as at the time either before it is recorded as entering into its first, or second quarter.

The moon would guide us in other connections, particularly the medical man among the nervous and insane, and this is no ancient fable, as usually supposed by modern conceit, or alleged knowledge.

In conclusion, it is very useful to know that the best time during which to make a vaginal examination is at the time of the full moon, for then we may reasonably infer that the woman's "courses" are not in process, the word "courses" again suggesting an etymological connection with lunar phenomena, the moon in her course.

THOS. R. EVANS, M.D.

Prince, W. Va.

For seat worms irrigate lower bowel with plain infusion of quassia daily for a week or two. Injection should be given through a long rectal tube passed beyond the sigmoid.

ACNE.

Editor Medical Summary:

It is a well known axiom, in medicine that acne vulgaris is one of the most frequent diseases we are called upon to treat, and yet few of us rarely prescribe the proper medication, consequently obtain bad results. Primarily the disease is nearly always due to toxins circulating in the blood and following as a result of gastro-intestinal disturbances. Many authorities attribute the cause to a neurotic condition, or as a result of parasitic invasion of the derma.

TREATMENT.—I consider of paramount importance, proper regulation of the diet and systemic medication, and have always obtained excellent results. If the digestive organs are at fault I prescribe:

℞ Acid hydrochloric dil.,
Tinct. nux vomica.....āā ℥j.
Fld. ext. cascara arom.....℥iiss.
Aqua.....q.s. ad. ℥vj.

M. Sig.—Dram one t.i.d. after meals in a little water taken through a glass tube.

Apply locally.

℞ Magnesium sulph.....℥viij.

M. Sig.—Put two tablespoonfuls in a pint of tepid water and use three times a day as a wash.

Exercise in the open air, bathing and calisthenics are strongly advised. It is important to eliminate from the diet such articles of foods as pastries, pickles, pork, excess of potatoes, excess of tea, cocoa, coffee, and alcoholic drinks. The frequent ingestion of cakes and ice cream should be interdicted, and the patient should not eat between meals, such articles as cheese, sandwiches and preserved fruits or vegetables; sausage flavored with a large amount of pepper is bad, as well as the frequent use of condiments. Of paramount importance is the avoidance of irritating cosmetic soaps, frequently advertised to cure this condition. It is a mistake to advise steaming of the face, the use of very hot water as a wash, expression of the pustules, cauterization, electricity and the like, as all these forms of treatment will result in ultimate harm instead of good.

Tincture of green soap used with tepid water is the best form of local mechanical

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cleansing I know of, and if used persistently the face will become clear, white and clean. It is a good antiseptic, removes excess of grease and is not so irritating as most soaps containing a large amount of potash.

To reduce the toxicity of the blood I use:

℞ Sodium sulphate (saturated solution) .....ʒviij.

M. Sig.—One teaspoonful in a tumbler of warm water on an empty stomach every morning.

As a soothing local application:

℞ Liq. calcis sulph.....ʒviij.

M. Sig.—Use two teaspoonsful in one ounce of water as a lotion twice a day.

A. CHARBONNEAU, M.D.

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Greenbay, Wis.

ANCIENT ARTERIAL DISEASE.

Editor Medical Summary:

Through the London *Lancet* we have been learning of Dr. Ruffer's studies of Egyptian mummies, with reference to arterial disease among them. The inference drawn is that these Egyptians lacked our commonly ascribed causes of arterio sclerosis ,and yet had the disease as much as we. Evidence from such a source bearing on such a subject seems to be far-fetched and uncertain. These Egyptians may not have used tobacco, but they probably were not free from the tendency and weakness that as far as we know has pertained to all humanity, and that would induce them to be addicted to the use of some other pernicious weed or drug, equally liable to the indictment of tobacco; they may not have used alcohol to the "drunkard" extent, yet moderation means saturation, and as much or more danger; they may not have stuffed their stomachs as we do, but it is doubtful if they were all Fletcherizers, or nearly all abstemious eaters.

It is also claimed that excessive muscular exercise was not one of their faults. Then might not the lack of it be a cause? Many of these mummies might have lived old enough so that they ought to have had sclerosed arteries just from extreme senility. Lastly, in my opinion, it is doubtful if with such subjects and pertaining to such a thing as the condition of arteries at time of death, there could be any but speculative evidence. So I feel that we need to keep right on hammering the old causes into the people until we actually know something different, since we can thus do nothing but good, but many do an infinite amount of harm by abandoning an old field for such evidence.

A. P. REED, M.D.

Naples, Maine.

"THE VERY BEST TONIC WE HAVE."

Editor Medical Summary:

"Doctors differ" is as true to-day as at any time. Dr. Gregory, in June SUMMARY, comes to the front with the above caption, and I was glad he did, for some invaluable prescriptions were given, and I do not doubt the doctor's impressions and what he has found to be true in the past may hold good permanently, but if so it will be contrary to the history of medicine—it is constantly undergoing a change. The writer is very familiar with the remedies the doctor uses in neurasthenia and also not a little acquainted with the disease. In reading his article I was reminded of a case I was requested to visit last winter—a young preacher who had overdone his brain power in preaching and rebuilding a fine church that had recently been destroyed. The writer was preceded by a doctor who gave the young man, on general principles), a hypodermic of 1/40 grain of strychnine, which came very near driving the "parson" to the insane asylum. The patient's condition was one of excitation, a condition that forbids the action of all stimulants. It is only reasonable to suppose that as ignatia is one of the strychnine family it, too, is not admissible in cases of excitation unless carefully guarded with anodynes. The main trouble with the young divine was that he could not sleep—had gone several days and nights with an hour's sleep; he was all p's and q's, every nerve tuned to a very high tension. The following gave relief. A tablet composed of asafœtida, bismuth subnit. hyoscyamus, nux vomica and enough

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podophyllin—1/20 grain—to "touch the liver," given just after eating. The patient was ordered to cease all thought of preaching, building churches, or to listen to any preaching, praying, or long-drawn-out conversations, to take exercise in the open air, quit home except to eat and sleep.

But going back to the tonic question: It is just out of all reason to claim that any remedy will meet the "thousand-and-one" pathological conditions. What we need in every case of debility more than all else is to place the digestive organs in a condition that will call for an appropriate diet—we can't live on tonics! Then, if we have a case presenting a condition of atony, broad, full, lazy condition of the whole system, muscles, glands, &c., as indicated by the tongue, can we expect to stimulate to action those organs by giving anodyne or quieting remedies? Or, if the condition is one of excitation, characterized by a pinched face, contracted tongue, &c., we need not expect to give relief by prescribing remedies like ignatia, strychnine, &c., that will invariably bring about more tension.

I like to see a doctor claim all the good things he or some other M.D. has discovered, but I think, from long experience, that we scarcely know all medicinal properties of the oldest remedy. The thing, as I see it, is to know from the expression of disease just when the remedy is specifically or specially needed and with a faultlessly made medicine give it with every assurance of success, so far as removing the abnormalities that indicate or call for that special remedy. A case in practice of erysipelas is to the point: A lady who had a lachrymal abscess, complained of a severe burning and discoloration of the abscess and neighboring tissue. It was readily diagnosed as erysipelas, and the old specific, tincture of iron, was promptly prescribed, but after a twenty-four-hour battle it was decided that the case was *decidedly* worse. Another consideration was in evidence, with the result of setting aside the name of the disease and a prescription that covered the special indications was given, with rapid relief. This remedy was sulphite of soda—not sulphate—and was given because the dirty white tongue called for that special remedy. When the sulphite of soda was prescribed the lady's best friend would not have recognized her, as her head and face were swollen to their greatest capacity, a very high range of temperature, severe pains and a semi-delirious condition of the brain. The sulphite of soda proved to be sedative, anodyne and every other needed medication.

This is plain sailing, but just why all doctors do not adopt this plan of reasoning but rather cling to empiricism and continue to prescribe remedies "that have been found to be good in treating a case," is quite past finding out.

O. D. R. KIRK, M.D.

Shuqualak, Miss.

THE TREATMENT OF ASTHMA.

Editor Medical Summary:

In the treatment of asthma by definite medication the indications are simple and clinical, and fine distinctions must be made. These distinctions are calculated on anatomical and physiological changes. The intelligent prescriber will return to his long-neglected anatomy and physiology with an interest to know his fundamentals better.

In the book, *Definite Medication,* there are 29 reading lines devoted to asthma. In these are given the characteristic clinical indications of five types of asthma definitely treated by *six remedies* in combination e. g.:

"In asthma with emphysema, pale face, lips cyanotic, pulse small and soft, especially in old people.

℞ Fld. ext. quebracho.....℥j.
Simple syrup.....℥viij.

M. Sig.—Take one teaspoonful every three hours."

Now, aspidosperma causes the blood to take up more oxygen and poisonous doses prevent the blood from parting with its oxygen to the tissues. It seems that in this form of asthma the blood does not part with its oxygen to the tissues. What should bring about this state of affairs but the retention of products of metabolism, which have a stronger attraction for the oxygen. This combination is broken up by small stimulant doses of quebracho.

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Briefly, this is the physiological condition. The anatomical interest lies in the fact that the skin, lungs and kidneys act to a certain extent vicariously. The sweat glands are controlled by nerves. As a person past middle life ages the subcutaneous supports waste and the vessels and nerves are relaxed and become twisted and more exposed. They become sensitive to changes of temperature and humidity. A chill or series of chills and reactions cause the urates in the sweat glands and capillaries to become irritants to the vasomotor nerves and small vessels. A nerve tension and contraction results. The sympathetic then distributes the elimination through lungs and kidneys. The urates are distributed to these organs to eliminate. The skin glands and vessels soon relax and the blood flows in great volume to the surface, leaving the lungs filled with toxic products which they attempt to eliminate by expiration and which prevents a free exchange between air and blood, of oxygen and CO_2, until quebracho corrects the maladjustment.

"When there is difficulty of breathing, with a feeling of constriction or weight in the chest, a sensation as though the blood was running to the chest, in such a condition lobelia inflata is the remedy. Give ten drops of the third decimal dilution every hour."

This kind of asthma is commonly met in persons of middle life, laborers or farmers, those who work in their shirt sleeves exposing their chests to evaporation, more than other parts. They stoop over at work, exercise violently with voluntary muscles, while the stomach and bowels are compressed, then completely relax the same, and in subsequently cooling off subject the chest, head, neck and arms to a *local* return of waste, rather than a general retention as in the old person requiring quebracho.

In this case notice how homeopathic is the prescription of lobelia 3x, while the prescription for quebracho, a true type of old school prescribing to obtain physiological action on rational grounds and scientific data.

The prescription of lobelia follows the law of "*Similia, similibus curantur.*" Lobelia in full doses causes speedy and severe vomiting, sweating and general relaxation. Toxic doess cause burning pain in the fauces and esophagus and progressive failure of *voluntary motion,* rapid feeble pulse and fall of temperature. By experiment it is found to paralyze the motor nerve trunks or peripheral vagi, and probably also the vasomoter centers.

Lobelia is thus definitely homeopathic. It causes muscular activity of the stomach, followed by relaxation and sweating and its action is more directly on the pneumogastric nerve which is affected by this form of asthma.

"In asthma when the breath stops when the patient goes to sleep and wakes with a start, gasping for breath, there is a cough attended by tenacious mucus, tincture grindelia robusta is the remedy. Dose, ten drops once in two hours."

I am now treating a case with this form of asthma, a young man of 22 years. His asthma becomes hay fever each spring. I have given him the remedy indicated and the first night he was relieved. The improvement continues under this treatment.

In this form of asthma the condition is one of *enervation,* lowered vitality, low blood pressure with attempt of the blood to throw off its poisons in the form of catarrh of mucus, because the vitality and pressure are not equal to the exertion of eliminating through glands and channels requiring higher blood pressure, e. g., skin, lungs and kidneys.

Stimulation is the need here, and grindelia in small doses stimulates the sensory nerve trunks, then motor cord. It stimulates the bronchial mucous membranes. This is an example of true eclecticism, raising the vitality and thus assisting nature to cure the disease.

"In old people who are asthmatic and have to sit propped up in bed, dyspnea, great accumulations of mucus with much rattling and wheezing, give tincture senega. Put seven drops in a half glass of water and give a teaspoonful every hour till relieved."

In such cases *retention* and *enervation* are both present, and the system attempts to throw off the products of waste, as catarrhs, with feeble success. Senega assists by stimulating all the secretions, especially those of the lungs.

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"In a severe attack of asthma when the patient was pressed for breathing and wheezing I gave tincture gelsemium and tincture sumbul of each eight drops in a tablespoonful of water once in fifteen minutes until relieved. Many a time this remedy has helped me relieve an asthmatic patient."

Such cases often result from reflex irritation of the vagus fibers of the stomach following indigestion or stomach retention, or atmospheric changes to which the sympathetic centers are peculiarly sensitive. Here the afferent nerve system is toned up by the sumbul, and the efferent cerebrospinal reflex function is depressed. Another refreshing example of fine rational therapy!

Now, doctor, I hope you will better appreciate our devotion to definite medication, because it is founded on definite anatomical, physiological and scientific data and marks a definite, progressive step in treating disease successfully.

We have an "endless chain" of definite medication enthusiasts and I hope you will be one with us. You know one does not make friends in the driving hours of labor, but in leisure hours of comradeship. The secrets of nature are in the hearts and only kindness and good will, mutual understanding and benefit, will draw them out. Are they worth it? The correspondence requires time, but it pays. Make out your alphabetical list and send a friendly circular from one to the next. Select a few enthusiasts and thus draw them close to you. Keep in touch with us and let me hear from you often. If you do not catch the idea of the "endless chain," I will be glad to make it clear.

W. G. Jefferson, M.D.
346 Cumberland Ave.,
Portland, Maine.

The practitioner who fails to use tincture of capsicum frequently neglects a valuable remedy. It is a quick diffusible stimulant and one that can be used without fear of harm whenever such action is needed. Quickest results are obtained if given in hot water, with a little sugar. Dose from two to five drops, repeated every half-hour until the desired effect is produced.

SOME "SUMMARY."

Editor Medical Summary:

In many of your "Gleanings" you remind us of simple and effective therapeutic measures, which we have known, and have used with beneficial results.

As to veratrum in the congestive stage of pneumonia, in plethoric subjects, I am in the habit of using it. It is bloodless bleeding measure; and aconite is valuable also, to a certain time. Digitalis must not be overlooked, either! In the resolution stage, I give it, strychnine and nuriate of ammonia. If there is much pain I administer codine. So much for that.

You say, remove enlarged tonsils. I say no. They can be reduced to normal size by local treatment. They are not in the throat for ornamental purposes. There is too much throat surgery nowadays.

You say, "never empty the distended bladder at one sitting." I have emptied a distended bladder many a time, with a "Nelation" catheter; and have never known any reason why it shouldn't be emptied.

You say, "Never use a brittle, or rough catheter." Who would?

"Never open a prostatic abscess through the rectum." I know of two cases of such abscess which opened into the rectum without surgery, and no bad effects followed. Another, very recently, which discharged into the bladder, and the man was bad off for four weeks, necessitating regular lavage of the viscus. If it had opened into the rectum he would have recovered in half the time, and escaped much discomfort.

You ask, "What has become of the old-fashioned folks, who used to drink sassafras tea in the spring, to thin their blood?" They are here.

Dr. Davis' "itch without an eruption" is here also. It seems to become almost intolerable as soon as the clothing is removed for retiring; and the greatest itching is from the knees down. I have tried several applications, and am glad to know that balsam of Peru and vaseline will do the work. Ichthyol and quinine has done pretty well, as I am sure it is purely a neurosis.

Dr. Smith, in "Clinical Medicine," has a troublesome remedy for epistaxis. I use a

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nasal syringe, rinse out the nostrils thoroughly, and then inject with a mild solution of persulphate of iron, and it ceases almost at once. If it doesn't cease, I increase the amount of Monsel's solution. Just had a bad case of epistaxis in a man 77 years old, and the first injection of Monsel's, one-third strength, stopped it immediately. Sometimes a solution of alum, salt, or tannin will answer; but if you want a "dead shot," use persulphite.

A. L. FIELD, M.D.

Jeffersonville, Ind.

MICROBES AND BACILLI.

Editor Medical Summary:

What fearful scarecrows they are! I can remember away back, when we cured typhoid fever and pneumonia without a suspicion that we were beset with bugs as the cause of the disease, and in order to cure, we must destroy them! In looking back, I find the mortality from "bug" diseases was no greater than it is to-day. We treated the cases symtomatically. Typhoid cases were generally the gravest idiopathic kind; with great exhaustion of the vital powers; subsultus; muttering delirium, and dry, cracked tongue. Strange to tell, I knew many such cases to recover. They would do no better now, with antiseptics and germ destroyers. We used turpentine internally and locally as stupes. Turpentine is a good "bug" killer, as are sulphocarbolates, salicylic, and carbolic acid.

D. L. FIELD, M.D.

Jeffersonville, Ind.

"HONOR TO WHOM HONOR IS DUE."

Editor Medical Summary:

In the July SUMMARY, Dr. Thos. R. Evans gives me credit for an article in the April SUMMARY, on "Instrumental Delivery," which was written by Dr. Van Wye. I happened to have a report of "Early Menopause" on the same page, which is how the doctor got the names mixed. And I might add *en passant* that I agree heartily with Dr. Evans about using forceps all the time or in half of the cases that come to one.

I have practiced obstetrics for nearly thirty-three years, and have used, and helped use, forceps five or six times, while I know several doctors who have not been in practice a dozen years who have used them fifty times or more; for two reasons, viz.: First, to make a larger bill, and second, to get away quicker. I know a young physician, who had the temerity to disclose the secret to a friend, that he told the folks that it was necessary to use forceps, and then he would get twenty to twenty-five dollars for a case, where otherwise he would only get ten. Such robbers are a disgrace to the profession, but I am sorry to say they are the ones who make the money.

O. B. SURFACE, M.D.

1618 Shelby St., Indianapolis, Ind.

HOW TO KEEP HYPODERMIC NEEDLES IN GOOD CONDITION.

Editor Medical Summary:

Up to some years ago, I had my share of trouble with hypodermic needles. Then I devised a method, which has given me so much satisfaction that I desire to pass it along as part payment to the profession for the many good things received by me. By this method needles are almost indestructable, are always aseptic, and the use of the pesky little wire, which never did do what was expected of it, is done away with.

The method is this: Demand a cup of scalding hot water, and immediately after using the syringe, draw it full of the hot water, through the needle of course, and squirt it out. Do this two or three times. Then wipe off the point of the needle with a bit of cotton, point the needle directly upward, and pull the piston out its full length. Leave the piston in this position until you unscrew the needle, and whether you use it next day or next month, you will find it in perfect condition. In ten years I have never had this plan fail me. The needle is put away clean, hot and dry, and therefore cannot corrode. Time consumed is about ten seconds.

CHARLES G. PURDY, M.D.

151 Linden Ave., Brooklyn, N.Y.

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Favorite Prescriptions

We invite practitioners to send us for this page, one or more of their favorite prescriptions. Only such as your personal experience has convinced you to be of practical use should be submitted.

Formulas plainly written on postal card is a convenient way for sending. Always give them in this order, please. 1. Name of disease. 2. The formula and directions. 3. Your name, town and State.

Reader, let us hear from you in time for the next issue of the Summary. It is our wish that the reader take a special interest in this department of the Summary.

GASTRIC ULCER, CYSTITIS AND CHRONIC GASTRITIS.

Editor Medical Summary:

Here are a few favorite prescriptions that will open your eyes and do a lot of good for your patients. Try them, in cases indicated, and report the results:

GASTRIC ULCER.

1. Rest in bed. 2. Rectal feeding when case is severe. 3. Diet on peptonized milk, for a couple of weeks, then gradually add egg albumin and beef juice.

Internally give—

℞ Sodium bromide.....gr. x.
Bismuth subnitrate.....gr. xx.
Phenol .....gr. ¼.

M. Sig.—Ft. pulv. 1. Mitte pulvis xxx. (One powder three times a day with a little peptonized milk.

CYSTITIS.

℞ Hexamethylinamine .....3iij.
Potassium acetate.....3iv.
Fld. ext. buchu.....ʒiss.
Tinct. belladonna .....3iij.
Tinct. hyoscyamus.....ʒss
Infusion triticum repens...ʒxvj.

M. Sig.—A tablespoonful every three hours, in one-half glass of water.

CHRONIC GASTRITIS, ASSOCIATED WITH NERVOUS HEADACHE.

℞ Fld. ext. cascara arom.....3iij.
Fld. ext. hydrastis.....3v.
Strychnine sulph.....gr. ss.
Fld. ext. guarana.....ʒij.
Elixir pepsin lact.....ʒij.
Aqua .....q.s. ad. ʒviij

M. Sig.—A teaspoonful three times a day, one hour after meals.

A. CHARBONNEAU, M.D.
Suite 606-607 Manahan Bldg.,
Greenbay, Wis.

RECTAL FEEDING.

Editor Medical Summary:

Soups and broths are nothing but salt water with an odor of osmazome.

In a case of an old woman seventy-four years old, suffering from cerebral hemorrhage. She was kept alive by rectal feeding of raw milk. We are taught that digestion ceases in the colon. All the same the milk was digested and the stools were alvine and not composed of milk or curds. This milk would be fine as a Murphy drip.

R. D. FAIREX, M.D.
1825 Fourth St., New Orleans, La.

CANCER.

The August number of the *Cosmopolitan* contains an article on cancer, written by Peter Clark Macfarlane, in which the etiology and pathology of this widespread and ever-increasing disease is presented in such style as the layman can grasp. The writer points out that cancer is not really an "eating" disease, but rather one of cellular break-down or perversion; that cancer cells are no more than *good cells gone wrong*. "In a crude and general way," says the writer, "cancers may be divided into three classes: those attacking the lining surfaces of the body (as the skin or stomach), those that thrive in the body tissues, and those that attack the bones." Serotherapy and chemotherapy are discussed, as well as X-ray treatment; but after all, in the light of our present knowledge on the subject, extirpation by the knife is emphasized by the writer as promising the most favorable results.

Tinnitus may be due to turbinal pressure in the nose, but is generally of tympanic origin.

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Summary Gleanings

Hiccough can be cured by traction on the tongue.

Rheumatism may attack the palate, and is particularly painful.

In attacks of dizziness look for involvement of middle ear.

Through the crico-thyroid membrane is the best place for an urgent tracheotomy.

The nicest way to give mercury to children is in the form of mercury with chalk.

Enlarged tonsils frequently shrink when adenoids are removed.

In all cases of croup give antitoxin. It never does any harm and often cures in twenty-four hours.

In chronic laryngitis in singers spray with 2% solution lactic acid eight or ten times daily.

After removing tonsils dusting with orthoform allows solid food to be swallowed without pain.

A great many cases of hemorrhoids will be cured by forcible dilatation of the rectum under local anesthetic.

Iodide of arsenic is a valuable remedy when scabs form in the nostrils, and there is rawness and sensitiveness of the parts.

Inspissated cerumen should never be curetted from ears but washed out with warm water with a large hand syringe and must be entirely removed at one sitting.

Iodide of arsenic is useful either in chronic or acute catarrh, where the nasal passages and frontal sinuses are inflamed and in a state of ulceration.

The dangers from hypodermic injections are: Needle abscess, injecting the medication into a vein, (tendency to the formation of drug habits, introduction of air into a vein, breaking of the needle, and hypermedication.

If you kiss the baby because he is "such an angel" you may make him one.

When patient complains of a feeling of a foreign body in the throat look for enlarged or inflamed lingual tonsil.

Pushing the jaw forward or traction on the tongue will stop the paroxysms of whooping cough.

Where there is any doubt of diphtheria give antitoxin and make your diagnosis on the result. Waiting for laboratory diagnosis may cost the child's life.

The dose of drugs is modified by age, weight, sex, pregnancy, temperament, idiosyncracy, habits, time of day, climate, and the condition of the alimentary canal.

In giving medicines do not be guided entirely by the text-books. The object in giving medicine is to get the effect and that is the main object to be kept in view.

For round worms give child (six years) a glass of milk only for supper. Then on retiring give half grain each of calomel and santonin for three nights.

Cow's milk for calves, mother's milk for babies. God pity the baby who cannot get mother's milk! Out of every 100 babies in the United States, 25 die each year. You wouldn't take a crowbar to adjust the delicate mechanism of a watch? Then why use drastic and dangerous drugs to adjust the delicate internal mechanism of a baby?

Milk stations are cheaper than hospitals, and will save the lives of more babies. Why not but the baby before the window in the best room in the house and, if necessary, put the geraniums in the closed and darkened room. If sunlight and air are good for flowers, why not good for babies?

Throw soothing syrup to the fishes. As Dr. Holmes said, "It may be hard on the fishes," but it at least will save the baby from harm.—*Bulletin Indiana State Board of Health.*

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The MEDICAL SUMMARY

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PRACTICAL MEDICINE, NEW PREPARATIONS, ETC.

R. H. ANDREWS, M.D., Editor and Publisher, 2321 Park Ave., Phila., Pa.

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ABOUT FEES.

This topic is always in season. The fee is our life blood. Two thoughts in this connection always confront us: How much shall I charge? How shall I proceed to collect? It is a very difficult matter for the general practitioner to get his fees on a cash basis, because the doctor must necessarily deal with many who are indigent or who do not provide for the proverbial rainy day.

Every doctor should encourage cash collections; or, next best, short credits. As an encouragement to pay cash many physicians find it a good rule to make a special rate to those who pay promptly. If physicians practiced amidst ideal conditions the code of ethics would be of much service and inspiration in fixing fees. As matters exist, however, there can be formulated no fee-scale that can be consistently and conscientiously lived up to.

The fee should be neither too large nor too small; it should be just right, or as nearly so as circumstances in the case will admit. It is an unwritten and inexorable law that people must be charged according to their ability to pay. This must be done in fairness to all persons concerned. The well-to-do should not, as a sort of penalty for having economized and prospered, be victims of a medical hold-up. Our whole clientele should be educated to know that medical service is of equal value to rich and poor, with a certain leniency toward the latter when coming across with cash.

It is a tolerably good rule to make the fee of a poor person the same as that of one who is well-to-do, with the understanding that if the former should unexpectedly prosper he would be expected to play a square game with his doctor. If his ship does not come in, the difference between a fair and trivial fee is a debt of gratitude in the doctor's favor.

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A CHECK ON DEGENERACY.

The country is fast awakening to the fact that the stream of degenerate and unfit humanity should be curbed. It is commenrable and well that we care properly for undesirables already here, but it should be our earnest, altruistic aim to lessen the output. Many persons should have charity exerted in their behalf before they are born. The States of Indiana, Oregon, California, Connecticut, Utah, Iowa, New Jersey and New York have passed laws legalizing the sterilization of hopeless lunatics and incurables. The matter will be presented to the Legistatures of Florida and Louisiana this winter, as well as perhaps in a number of other States. In Texas no action has been taken, but Dr. Daniels of the *Journal,* has been working valiantly for years to get the subject before the Legislature and doubtless action will be taken soon.

CHLOROFORM IN OBSTETRICS.

It is the concensus of opinion of successful obstetricians that chloroform at some stage of labor is quite generally serviceable. The writer of this editorial finds it of value in at least nine out of ten cases. The tenth case may not be benefitted, but it has not as a rule proved any handicap. Once in a great while chloroform seems to cause the uterus to sink into a state of passivity and really retard the progress of the labor. As a rule, however, this quiescent state is conservative, and after a few hours of rest the labor goes on with renewed vigor.

Chloroform should not be used too early in the game. We find it of most value in relaxing the rigid os and other soft tissues. Here it seems to make the pains stronger and more effective. It nerves the woman up and takes the keener edge from the pains, thus enabling her to "help herself." It should be the aim to secure only analgesic effects from the chloroform. During the passage of the head through the lower strait the anesthetic does not aid the expulsory efforts of the uterus and abdominal muscles. It may do good, nevertheless, by mitigating the suffering and thus giving the woman courage. Chloroform should be pushed more freely during the excruciating pains at the termination of the delivery.

ON TEACHING SEX HYGIENE.

This subject has been pretty well threshed over the last year or so in both lay and medical literature. It is the consensus of all thinking individuals that sex hygiene should be taught the young more generally than it has been in the past, but the time, place and manner of teaching it have been rocks on which opinions have divided. Physicians, ministers, teachers and educated people in general have been heard from on this matter, but very little from the person most vitally concerned in the child's welfare—the mother herself. The whole subject is dealt with very conservatively in September *Good Housekeeping* by an anonymous writer purporting to be a mother.

"The school is not the place for teaching sex hygiene," this writer asseverates in the closing paragraphs of the article in question, "but the Mothers' Club would be the place. Only, do come before the mother in a practical way. The scientist is so seldom a good lecturer or teacher for the average, non-scientific audience. I have talked with some of the mothers who have attended lectures of this nature. They came away horrified, disgusted, but not practically impressed; nor did they seem to have received the idea that the matter has any connection between them or their duty. To give such a talk to the mothers in the same way as it would be given to a body of medical students is a waste of time. To present the fact is one thing, to deduce instruction and moral guidance is another. Moreover, some mothers will need to be told not merely what to do but how to do it.

"Help the mother to understand that the matter is not merely a subject to be suddenly discussed at puberity, but that it must gradually be instilled from the first moment that the baby becomes conscious of and curious about his little body; that the knowledge should not be given all at once, but bit by bit as the child develops; that sexual morality is the base of all wholesome life and can not be suddenly produced at any certain period, but is

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gradually developed through the emotions, the spirit and the will.

"Let the mother understand the exhuberance of young manhood, and that physical labor and athletics are better than 'purity' books. Indeed, some of these so-called purity books, especially those that take the most awful instances of depravity from medical and legal records and put them in the form of a romance, are eminently unfit to be read by young or old.

"It would be difficult to find in the world's literature anything more salacious than certain novels put forth—alas that one should have to say it!—by a woman. A well-meaning woman, no doubt, but fearfully misguided. It would be impossible, in an article like this, even to outline the plot of one of these in particular, so vile and revolting is it; yet this is 'purity' literature, indorsed by a certain woman's organization and by 'reformers,' for circulation among young people.

"In dealing with this subject one must be simple, one must be wholesome, one must be true. Any abnormal view of the matter is bad. There is another class of theorists who would make of our girls prudes and Puritans, and that is almost equally bad for the race.

"I have given especial consideration to the young girl, because she will be most disastrously affected by any mistake in the matter. And never in the history of our country have our young girls stood in need of such careful protection and guidance as now."

THE CRUSADE AGAINST SOFT DRINKS.

The well known Dr. Wiley, now associate editor of *Good Housekeeping*, in the September number of that publication discusses at length the matter of soft drinks, especially those which have been under governmental surveillance for some time because they were supposed to contain ingredients deleterious or habit-forming. In the government investigation of the most extensively-advertised drink of this character the fact was brought out that chemical analysis did not show it to contain cocaine, but the objectionable element was caffeine. Caffeine, by the way, is presumed to be an added element in nearly all of the so-called soft drinks. The objections to cocaine are that it is a heart stimulant and makes the nervo-vascular system work overtime; it makes the young and susceptible nervous and may engender a pernicious habit. The quantity of caffeine contained in a single drink is perhaps inconsequential, but the habit for these drinks is so insidious that before the user is scarcely aware of the fact he may be taking a dozen or twenty drinks a day. The natural thirst for pure, cold water becomes blunted and the victim is prone to satisfy his desire for fluids by these adventitious aids.

In speaking of the deleterious effects of this stimulant, caffeine, we quote Dr. Wiley as follows: "Stimulation means increased exertion; otherwise it is of no value and wastes itself without helpful results. All increased energy implies increased consumption of tissue and fuel. Fatigue is nature's danger signal to show that muscles, nerves, brain, etc., need rest and recreation. Any drug that strikes down the danger signal without removing the danger must of necessity be a threat. The thing to do when one is tired is to rest, sleep, and to take real food. The thing not to do is to take a drug that makes one forget that he is tired. The thing most of all not to do is to offer that drug under a false and misleading name, at inopportune times, and for the sole purpose of gain."

Neurasthenia, nerve depletion and drug habitues number more than 500,000, while the number who partake in some degree of alcoholics is almost beyond our ken. It is probable that many young children get their first impression of narcotic or stimulant drugs in so-called soft drinks, and this latter grows into a penchant for dope or alcohol. Parents should endeavor to inculcate into the minds of children healthy drinking habits. Even those drinks which contain nothing more baneful than syrup and an admixture of gas may somewhat prevent the stomach secretions, at the same time creating an abnormal and unnatural thirst which may later require something stronger to appease it.

Convulsions in children may be due to phimosis, adherent prepuce, an approaching tooth, adenoids, foreign bodies in nose or ear or the onset of an acute disease.

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OUR ADVERTISING POLICY.

We do not solicit or accept advertising matter that bears the earmarks of dishonesty and fraudulency. Almost without exception the advertisers who have presented their goods to the profession through the SUMMARY year after year have been on the square and have exploited honest, meritorious goods.

It is our rule to accept only advertisements of goods that are presented to the profession and in the usual ethical channels of trade. Malted milk and prepared foods, cosmetics, rubber goods, etc., do not come under as rigid ethical scrutiny as remedial agencies designed to have definite therapeutic action.

We regard food preparations, soaps, syringes, etc., simply as commercial articles like buggies and automobiles. With remedies it is different. But the bid for patronage of the latter must be made to and through the doctor.

The SUMMARY is and has ever been an ethical journal, conservative, "with charity for all and malice toward none." That will continue to be our policy and aim. We give readers and advertisers alike a "square deal."

We shall ever exercise a conscientious censorship over our advertisers and will endeavor to exclude anything that savors of the fraudulent or unreliable. We shall, however, accept as usual, advertisements of honest proprietary articles that have gained the approval of the very acme of censors, *the general practitioner.*

CROTON OIL.

Oleum tiglii, more commonly known as croton oil, is such a powerful drastic cathartic that it is seldom indicated as an internal remedy. It is absorbed into the blood and produces glandular hyperemia, together with vigorous peristalsis. In the absence of obstructive conditions of the bowels and asthenic states croton oil may be employed sometimes to produce rapid hydragogue catharsis. It is contraindicated where there is debility, organic obstruction and inflammatory conditions of the stomach and bowels. The dose in pill or tablet is from one-third to two minims. It is best given in minim doses and repeated as necessary until results are obtained. It acts in an hour or so producing copious watery stools. Externally croton oil is a valuable counterirritant in bronchitis, ovaritis, pleurisy and neuralgia, but it has the disadvantage of sometimes leaving a cicatrix.

BOIL IT DOWN.

We desire to remind our friends that the pages of the SUMMARY are limited, and that while we wish you all to write, we must necessarily ask you to condense as much as possible, not to the detriment of clearness and the necessary explanation of facts, but by avoiding all unnecessary detail.

A good rule for writers as well as housewives to follow would seem to be: "Save the Scraps!"

Is not the advise of the experts, however, epitomized in Joe Lincoln's poem appended to the volume, which is entitled, "Boil it Down."

If you have a thought that's happy,
Make it short and crisp and snappy;
When your brain its coin has minted,
Down the page your pen has sprinted
If you want your effort printed,
Boil it down!

Take out every surplus letter—
Fewer syllables the better—
Make your meaning plain—express it
So we'll know, not merely guess it;
Then, my friend, ere you address it,
Boil it down!

Boil out all the extra trimmings—
Skim it well, then skim the skimmings—
When you're sure 'twould be a sin to
Cut another sentence in two,
Send it on, and we'll begin to
Boil it down!

The first crop of oysters put on the market in the early fall is more likely to be contaminated by typhoid and other germs than those appearing later. If there is any doubt about the wholesome source of the bivalve it would be safer not to eat them raw.

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Leading Articles

Brief and practical articles, short and pithy reports of interesting cases in practice, new methods and new remedies as applicable in the treatment of diseases, are solicited from the profession for this department. ¶ Articles contributed for the Summary must be contributed to it exclusively. ¶ Write plainly and on one side of the paper.

The Editor is not responsible for the views of contributors.

THE REPAIR OF WOUNDS.

By Wm. Brady, M.D.

The general management of wounds should be based on a practical knowledge of the physiology and pathology of repair. With a thorough understanding of the process of healing the young tyro may bring about the cure of old varicose or other ulcers which his senior colleagues have perhaps pronounced incurable after years of empirical tinkering with various highly recommended ointments. Without going into details, a brief consideration of certain features of the healing process may be of interest.

In a wound not aseptic, inflamatory symptoms are apt to appear on the second day. Every case should therefore be seen at this time, whether the dressing is to be disturbed or not. It is often wise to leave a strand of silkworm or gauze in the lower angle of an accidental wound of whose asepsis there is much doubt, and to remove it on the second or third day if the wound is clean. The best dressing for such a case is the wet normal salt gauze, which is undeniably superior to dry gauze or ointments as a medium of drainage for exuding serum.

Sutures, if inserted, should be removed on the fifth day if there is no tension upon the edges of the wound. If tension is unavoidable, the sutures should remain until about the tenth day. It is generally well to reinforce, or even replace suturing by adhesive strapping to relieve undue tension. A wounded extremity is always more at rest in a flexed position if such position does not cause gaping of the wound. Every wound of sufficient importance to require sutures is also of sufficient importance to require absolute rest, best attained by means of suitable splints, or firm bandages.

The floor of a deep laceration, as of the perineum, becomes covered after several hours with a varnish-like glazing of coagulated fibrin from the exuded serum. Suturing at this stage will give first intention union oft times even better than primary suturing.

If not closed, an open glazed wound becomes covered in two or three days with a dirty grayish membrane, which separates after a few days and is discharged with the pus, leaving a base of bright red granulation tissue. Granulation tissue is the vascular framework upon which cicatricial tissue grows. When it reaches the level of the skin a transparent, delicate film appears around the edges and extends gradually out toward the center of the granulating surface, like ice freezing over a pond. This film is, of course, new epithelium, though I have seen nurses and doctors carefully wiping it away with wet gauze or cotton in the blissful notion that it was foreign material.

New epithelial cells are as readily destroyed by chemical antiseptics as are pyogenic bacteria. There is not only no excuse for washing a healing wound with germicides, but positively a contraindication to such maltreatment. Asepsis, not antisepsis, is the goal to strive for.

Granulation tissue in large wounds or ulcers aids repair also by contracting and drawing the edges closer together. This gives us a valuable hint for the use of adhesive plaster about large granulating surfaces. As to strapping directly upon the granulations, I have had only unpleasant results personally.

A wound whose edges are not approximated may still heal without suppuration if it be filled with aseptic blood clot, and kept aseptic—that is, left alone. Clean clot is an excellent culture medium for embryonic epithelial cells. As healing progresses, a portion of the unabsorbed clot is pushed out by the granulating tissue and dries in a

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scab which protects the surface of the wound. Aseptic clot repair occurs typically in simple fractures, subcutaneous tenotomies, internal rupture of organs and healing of bone cavities following the radical operation on sequestra. It is Nature's peerless method, and one that we should endeavor to imitate whenever the conditions permit. No other packing is as good as clean blood clot. No other wash is as good as blood serum.

Given a recent wound of accidental nature, how shall we render it aseptic? In ordinary cases one thorough cauterization with iodine is usually sufficient, all subsequent dressings to be without antiseptics of any kind. In wounds which give rise to the fear of tetanus or rabies, however, pure pnenol is preferable. If the wound has a cavity the phenol should be poured in after moistening the surrounding skin with alcohol, and allowed to remain one minute. It may then be removed with a dropper and alcohol applied. If it is a puncture wound, the phenol must be applied on a cotton-wrapped probe, opening the track of the puncture if necessary to permit access to the farthest point. If it be a freely-bleeding wound, and still bleeding, I believe cauterizing is unnecessary under any conditions whatever.

Many authorities are now reporting happy results from leaving granulating wounds and ulcers freely exposed to the air, under a wire netting for protection against insects or injury. Some writers report excellent results from treating skin grafts in this manner.

Brewer's yeast is a remedy I have found very useful for hastening the separation of old sloughs and stimulating granulations. It smarts a trifle, but patients do not object to it, especially when they find they can obtain it for the asking. I have also given it in doses of one to two ounces internally, though with doubtful effects.

For painful wounds and ulcers generally a simple dressing kept wet with warm normal saline solution seems most useful. The patient appreciates it better if he is given normal salt tablets (which, by the way, make real imitation plasma), rather than being directed to dump a teaspoonful of common salt into a dish of water.

For ugly, painful old varicose ulcers a boon to the new doctor on the case is orthoform, applied either as a dusting powder or in 5% ointment. Some patients will develop erythema from orthoform, much like those formerly common when iodoform was in use.

For exhuberant granulations—"proud flesh," as patients seem to call it—I like the scissors. It can usually be trimmed off without discomfort. If this is not permissible, then firm pressure is the next method of choice. My experience with silver nitrate has been uniformly unsatisfactory. So far as I can see, silver nitrate merely musses up the field of operations and stimulates the granulations to renewed activity. The clean, prompt, effectual way to remove proud flesh is to cut it down.

Carbolic acid, in any other role than as a cauterant is to be mentioned only to be condemned. There is nothing known to domestic surgery that will delay healing of a simple wound like carbolic salve, unless it be a fresh and reeking poultice of genuine cow dung. Antiseptics, other than cauterants or recognized disinfectants, might well be discarded from the office altogether. We have little use for them. Once having asepticized a wound, I am sure the best policy from that point on is to avoid antiseptics and depend wholly upon simple cleanliness, with due regard to the all-important consideration of the patient's opsonic immunity and general condition. Vaccine therapy and internal medication are chapters by themselves. Our chief duty is to stand by fully armed while Nature does the work.

In dry old varicose ulcers, carbuncles with little fluid drainage, and indurated swellings of various kinds in which incision is not productive of the usual benefit, the engorgement and coagulation of lymph in the vessels about the lesion is probably preventing free access of fresh opsonins or anti-bodies to the site of infection. Wright and others report good results in such cases from the use of citric acid internally in 60 grain doses every three hours until a freer exudation of serum is obtained from the wound. The local use of citrate of sodium and salt solution is also advised—1/10 of 1% citric acid and 4% sodium chloride wet dressings. One case of

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Ludwig's angina reported by Sir Almroth Wright seemed hopeless despite free vertical incisions in the neck and a measured opsonic index of 1.8, there being serious physical prostration and insufficient exudation from the incisions to enable Wright to "fill a platinum loop" for culture. Yet two or three doses of citric acid, as mentioned above, resulted in free oozing from the incisions and immediate institution of convalescence. As Wright says, it was not the patient's lack of resisting power, not his need of vaccine treatment (as shown by the opsonic index), but merely the choking of the lymph vessels about the induration which prevented his ample supply of antibactericidal bodies from reaching the streptococci in the wound or lesion.

1008 Lake Street,
Elmira, New York.

THE THERAPEUTIC VALUE OF BAPTISIN AND HAMAMELIN.

By H. Hamilton Redfield, A.B., M.D.

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Ellingwood states that baptisin is a glucoside derived from baptisa tincturia (common name, wild indigo), a plant belonging to the natural order of leguminosæ, indigenous to the United States. Dose of the standard granule 1/12 grain.

Physiological Action.—Baptisin is a purgative, alterative and hepatic stimulant. Changes occur in the blood both of a qualitative and quantitative nature. The excretions have an offensive odor. The pulse is soft, compressible and quick. Fetor of the breath exists. There is a tendency to decomposition of the body fluids.

Therapeutics.—Echinacea and baptisin so closely resemble each other as regards their power over septic conditions that by some authorities it has been said that their exhibition is merely a matter of personal preference with the physician, as the indications for one are the indications for the other, and they have been dubbed the Siamese Twins of therapeutics. However, a close study of these two most valuable therapeutic agents will show a marked dissimilarity in some very important respects.

Baptisin is the indicated remedy in all cases where there is great prostration, with a growing tendency to a process of decomposition in the fluids of the body, and to ulcerations of the mucous membranes. Also in septic conditions or in diseases when the entire muscular structure of the body feels sore and bruised and the debility and prostration are extreme.

Baptisin should be remembered in headache that is dull and stupefying, with a confusion or unsettled mental condition.

In diphtheria, when the fauces are red and swollen, with the membranes of the color of washed leather. Here the tonsils and lymph-glands of the neck are swollen and enlarged, and the breath is heavy and offensive. The fever in these cases is of a low adynamic type and the patient is restless and complains of a feeling of soreness about the head and limbs. Nothing can be swallowed but liquids.

This drug has given good results in follicular tonsillitis prior to suppuration; and in these cases it should be studied in connection with calx sulphurata and phytolaccin.

Dysentery occurring in old persons and diarrhea of children, with scanty blood and mucus stools and severe tenesmus, accompanied by fever of a low type, show a marked change under baptisin.

In cervical adenitis following attacks of scarlet fever or measles, baptisin in alternation with phytolaccin has proved its worth many times. Compare its action with that of phytolaccin and of iridin.

Hamamelin.—From hamamelis virginica. Common name, witch-hazel.

Indicated whenever venous congestion occurs, hamamelin should be studied. In cases of passive venous hemorrhage, varicose veins or hemorrhoids, when there is a feeling of soreness in the parts just as though they had been bruised. In all varicose conditions in any part of the body which are attended by a feeling of soreness which is intense in nature.

It gives good results in varicose veins in the legs, when applied locally or given internally.

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In varicose veins of the throat, with the vessels much distended and the membranes of a bluish color. Great pain is experienced upon swallowing, and the parts are quite sore and painful with a hawking expulsion of mucus and blood.

In hemorrhoidal cases, when the patient says he feels as though his back would break on account of the heavy, dragging sensation, then soreness and burning in the parts, and the hemorrhoids bleed profusely. There may be a constant urging as though for stool, and a sore, bruised feeling in the anus. The hemorrhoids protrude as a rule and are the color of grapes.

In passive venous hemorrhage, seen in lacerated and contused wounds, where the flow is due to a condition of the blood-vessels, and not to any alteration in the chemical composition of the blood which would retard coagulation, hamamelin gives prompt relief, not only checking the hemorrhage, but removing the pain and soreness in the vicinity of the wound.

In epistaxis, when the flow is persistent, and is produced either by traumatism or is vicarious, hamamelin should be remembered.

Hamamelin is an excellent remedy in those cases where the patient takes cold easily, especially if exposed to a warm, moist or relaxing atmosphere.

Applied locally, hamamelin gives relief in phlebitis.

In orchitis and epidydimitis, when the testicles are greatly inflamed and extremely tender to the touch, it affords relief when given locally and internally.

622 W. 71st St., Chicago, Ill.

Alcohol is a well known remedy for burns from carbolic acid. It is said that cider vinegar is also a dependable local application to neutralize phenol burns. When the poison is swallowed dilute vinegar is of value in conjunction with other remedies and measures.

A recent amendment to the Pure Food and Drug Laws makes it an offense to put forth any false statement, design or device regarding the curative or therapeutic effects of the contents of any package. This ought to prove a solar plexus blow to patent medicines.

TOXEMIA OF PREGNANCY WITH THE REPORT OF A CASE.

By E. N. Ritter, M.D.

Very little space is devoted in most textbooks to the toxemia of pregnancy. It is a subject which should interest every obstetrician. The poisonous substances are found circulating in the blood, affecting chiefly the kidneys, liver, spleen, and peripheral nerves, although lesions in other organs may be present. During the early part of pregnancy a rapid organogenesis occurs, thus often producing a faulty metobolism of the different organs. The organs of secretion and excretion become congested and their functions become impaired and the toxic substances accumulate in the body.

As to the etiology, pathology, symptomatology, diagnosis, prognosis, prophylaxis and treatment is greatly varied, depending on the organ or organs most seriously affected. The most attention formerly was given to the kidneys, but I believe all organs of secretion and excretion are more or less involved. The beginning of pregnancy is very frequently attended with nausea and vomiting, which is reflex in character, occurs in the multipara as well as the primipara.

After the subsidance of the preliminary nausea or vomiting, or both, a voracious appetite is often acquired. Occasionally large quantities of nitrogenous food is consumed, resulting in increased activity of the secreting and excreting organs, in addition to the gradual growth of the uterus, and ovum increases the katabolic work of these organs. The intra-abdominal pressure impedes the function of the abdominal organs, thus favoring the absorption of the putrefactive products by the increased constipation of the bowels. The parturient does not exercise and her respiratory activity is hindered. The symptoms varies in direct ratio with the intensity of the intoxication. The gastro-intestinal symptoms resemble that of "biliousness, *i. e.*, nausea, vomiting, anorexia or pica, constipation, etc.

The nervous symptoms are those of nervous irritability, alterations of character, headache, vertigo, insomnia, etc.

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In exceptional cases there are no prodromal symptoms. The case I am about to describe is one of this character.

Miss L., age 21. Primipara. Had consulted no doctor during her gestation. Living at home. Mother nor neighbors had not suspected her being pregnant. Saturday, April 29th, 4.30 A.M. I was called to administer for cramps. Examination showed os dilated to the size of a quarter dollar, and labor pains occurring about every ten minutes. I returned home for my obstetrical bag and asked to be called when pains were of longer duration. At 8.30 A.M. I received a telephone message to come at once. On my arrival, which was five minutes later, I found the patient in the tonic stage of a convulsion. As soon as my hands were cleaned I again made a local examination, found os sufficiently dilated to apply the forceps. I asked for a consultant, but was refused. I then administered chloroform to quiet the patient, to aid in the application of the forceps and to increase the flow of blood from the uterine cavity, which I had observed occurs when administering chloroform during labor. The forceps delivery of a living, healthy boy baby was quite easily accomplished with a slight laceration, which was at once repaired. As the amount of blood lost was greater than I had expected, I inserted one hand in the uterine cavity while the other remained on the abdomen, but the uterus was flabby and would not contract. I ordered a teaspoonful of ergot by mouth, which the patient swallowed. Finally the uterus began to contract on my hand in the uterine cavity and the flow lessened. Pulse was now 120, patient unconscious, convulsions recurring from five to ten minutes. I gave ten to twenty drops of veratrum hypodermically every fifteen minutes until the pulse came down to forty-four. I gave two drops of croton oil in a little castor oil, which was repeated in four hours. An enteroclysis of three quarts of normal salt solution was given and retained. As the convulsions returned every few minutes the family finally consented to have a consultant, who arrived about noon. Another salt enema was advised, but as the sphincter ani was completely relaxed it could not be given. A submammary hypodermoclysis of a quart of saline solution was given and repeated in two hours. A grave prognosis was made by the consultant as well as myself. Hot water bottles and hot irons were applied near the patient to get the skin acting. The pulse was gradually ascending, even under larger doses of veratrum at longer intervals, the breathing rapid and very noisy, as if much mucus was in the pharynx; 5 P.M. bowels not moved, rectal tube inserted and a high enema of glycerin and magnesia sulphate administered. Some fecal matter was expelled with a large amount of gas. Patient catheterized soon after delivery and every four hours thereafter. First specimen of urine contained fifty per cent. albumin. 10 P.M. pulse 142. Thirty drops of veratrum hypodermically; perspiring very freely. Last convulsion occurred at 10.30 P.M. Axillary temperature 105. Pulse 152. Respirations 60 and very noisy. A hypodermic of morphine gr. ¼, atropine gr. 1/150 administered to quiet the breathing if possible. April 30th, 12.30 A.M. returned home, leaving nurse in charge with no final instructions, as end was apparently inevitable and nothing more done except to catheterize. 3 A.M. breathing became quiet. 4 A.M. pulse 144, axillary temperature 103, respirations 52.

At 10 A.M. I was surprised to find the patient living. Pulse 136, axillary temperature 100, respirations 36. As there had been no stool except the one following the enema yesterday, another enema of salt and glycerin was given with a very effective bowel movement. Catheterized now only every six hours. Patient still unconscious, but would swallow a teaspoonful of water when placed in the mouth. Prescribed veratrum thirty drops and echinacea one dram to four ounces of water; of this a dram every hour. 5 P.M. axillary tempetarure 99 2/5, pulse 120, respirations 38. Quite restless, so ordered morphine and atropine for the night.

May 1st. Rested quite well on the hypodermic during the night, but coughed considerable; urinates involuntary. 10 A.M. temperature 99 3/5, pulse 124, respirations 34. Added specific bryonia and specific podophyllum, of each ten drops, to the veratrum solution and a dram every two hours. Rales in both lungs. Buttermilk

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was given every two hours. Consumed two glasses of buttermilk during the day.

9 P.M., axillary temperature 101 1/5, pulse 128, respirations 48. Stools involuntary and expells gas freely.

May 2nd. 10 A.M., temperature 99 4/5, pulse 104, respirations 45. Rested quite well during the night without morphine. 9.30 P.M., temperature 101 1/5, pulse 126, respirations 52. Added strychnine gr. 1/50 every four hours.

May 6th. Temperature by mouth 101 at 8 A.M., pulse 112, respirations 36. Asked for bed-pan, complains of pain all through body; can speak only in a whisper.

May 11th. Pulse 110, temperature 99 4/5, respirations 28. Only a slight ring of albumin on examining urine with nitric acid.

May 19th. Pulse 98, temperature 99 2/5, respirations 30. Stopped strychnine and gave arsenic iodide gr. 1/50 three times a day. Talked aloud yesterday.

May 28th. Temperature 98 3/5, pulse 90, respirations 26. Lungs clearing up slowly, but has long coughing spells. Protonuclein six grains three times a day.

June 5th. Pulse 78, respirations 24. Able to move down stairs.

This has been a very interesting case to me, owing to the sudden and severity of the attack. She had more than 70 convulsions, beginning at 8.30 A.M. and continuing until 10.30 P.M. The interval of convulsions were from five to ten minutes. The number was not recorded, as the nurse was busy in administering chloroform at intervals, guarding the tongue from the teeth, applying heat catheterizing, assisting in administering, enteroclysis, hypodermoclysis, etc., besides the unfavorable prognosis, a minute record was not considered necessary. The most important part of the treatment was the late use of morphine, thereby not locking up the secretions. The first thought in the treatment of toxemia of pregnancy is the elimination of the poisonous substances in the system, the convulsions are only symptoms and need not be treated, as they will subside when the cause has been removed. Never use morphine in the beginning of puerperal convulsions.

Williamsport, Pa.

THE SYSTEMS OF MEDICAL PRACTICE.

(Continued from page 178, August Number.)

By G. Curson Young, M.D.

After the death of Galen, in the latter part of the second century or commencement of the third, the Roman Empire began to decay. The general interest in the arts and sciences as years passed by, gave evidence of a gradual wane, and medicine was one of the first of the liberal arts to suffer neglect. The conflict between the Christian religion and Pagan doctrines was the uppermost subject for both mental and physical activity. Under emperor Constantine a change took place, and the Asclepion temples gave way to charitable institutions and hospitals, in which priests were installed to minister to both, the physical and spiritual needs of man. The clouds now began to hover over the medical practice, and the systems became very much degraded in the choice of remedies. The herb was largely forsaken and animal products were used to the horror and disgust of the sick. One can mention but few things in the animal, and not many in the vegetable kingdom that has not at some time been used as a remedy for some disease, but from the fourth century down to the fifteenth, the animal was largely in the favor of physician and dread by the people.

It is true we no longer hear of the balsam of bats, or of the pulverized human bone, or the flesh of a healthy young man, dying about the middle of August, being used as a medicine; earth worms, suckling whelps, the marrow of the thigh bone of a stag, bed bugs, the virus of reptiles, excrements from the human and other animal bodies, and a hundred other disgusting things such as we are unwilling to record. But did they outrage all decency, science and reason to much greater degree than is being done at the present time?

It seems so strange that men who are supposed to possess ability as medical men, should pass over hundreds of natural remedies for almost every disease and yet turn to things unnatural. Suppose some good

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results follow the use of animal therapeutics once in a while, and nature's vegetable kingdom would have done as much and more, what have you gained? Not that laboratory work has been all in vain, but clinical work has done a thousand times more for the sick than it is possible for the laboratory to do.

Mercury, bleeding, blistering and opium, —the charlatan's quartet, is less popular now than in the dark ages. In the sixteenth century hot fomentations, hot baths medicated with herbs, roots, barks and flowers were much in use, and from this time on every baron had his monk physician, as a resident under his roof. From a scientific standpoint the monk system of practice was a great improvement, and more specific; one dose of a decoction of some herbs, and then wait some few hours for results, keeping the patient under observation; when results were favorable, another dose of the same medicine was given; if not favorable some other was used such as was thought to be indicated.

Boerhaave, 1668, mastered many problems in the systems of medicine, and in his lectures at Leyden he advocated the relationship of the chemical constitution and physiological action of drugs, but his system of practice was largely theoretical.

Von Haller, 1708, advanced botany, chemistry, physiology, pathology, and therapeutics beyond any one since the time of Celsus, but his system of practice was so hypothetical, and his philosophy so profound, that he did not have a large following. Haller's mental reasoning respecting the action of organic medicine bordered close onto the doctrine of organic *reincarnation;* thus the Convallaria, to the eye a thing of beauty, to which the robes of Solomon did not compare, to the nostril an odor almost divine, to the heart, a solace in its organic derangements, almost unequalled. No wonder Haller was almost ready to believe that *Canvallaria Majalis* was the reincarnation of some celestial virtue, having done so much for man for thousands of years, and is yet as beautiful and as useful as ever. Haller loved plants, and used them to cure the sick, as his system of practice.

Dr. William Cullen, 1735, founded a new system of practice of medicine, on a new pathological basis. It was known as the doctrine of *"Irritability,"* which abounded in new theories. He regarded the condition of the practice of medicine as he found it, burdened with what he called "False Facts," full of hypothetical mazes, but the Cullen system, as he taught it in Edinburgh, was not free from mazes, especially that part which relates to the influence of the nervous system being alike in healthy and morbid action.

Dr. Cullen was a learned man, and a physician who labored for the improvement of the profession, and for that purpose he put forth a new system. .

John Brown, a contemporary of Professor Cullen, concentrated Cullen's system in *"Brunonian* theory," according to which no change can take place in the state of the excitable powers without previous excitement, and it is only by over-excitement that the excitability, with life, can be exhausted.

The materia medica prepared by Professor Cullen was the cause of Dr. Hahnemann founding his system of Homeopathy, near the end of the seventeenth century. Hahnemann was forcibly struck by the contradictory accounts given of the properties of Peruvian bark, and after doing some thinking he arrived at the conclusion that any drug which would produce symptoms of a disease in a healthy body, that same drug would cure that disease in a sick body. Hahnemann had previously meditated much on the unsatisfactory nature of the science of medicine, and after much reflection and many experinemts he became convinced of the truth of the principle, *Similia Similibus Curantur,* and that a large dose produced symptoms of unnecessary violence and danger. This led to another principle, that the minimum dose of medicine affords as much benefit as the conventional dose. This was a radical change from *Contraria Contrariis.* It was a great change

In this seventeenth century two great medical reformers were born,—Hahnemann, 1755. and Samuel Thomson, 1769, both of whom created a mighty commotion in the world of medical practice. They were contemporary, but wide apart in their

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conception of the change so much needed in the practice of medicine.

Washington, N. J.

(To be concluded in November issue.)

A CONTRIBUTION TO THE STUDY OF HERNIAS OF THE OVARY, TUBE, AND TUBE AND OVARY.

By Aime Paul Heineck, M.D.

Surgeon to the Cook County Hospital, Chicago.

In the female, the frequency of hernias, and especially the hernias of the internal genitalia, has been and is still underestimated. Owing to the lack of study heretofore given to this clinical entity, hernias of the uterine adnexæ are often overlooked, not uncommonly misdiagnosed, and therefore subjected to injudicious treatment; harmful alike to the individual and to the hernial contents, prejudicial alike to the patient's general well being and to her reproductive powers. Impressed by the clinical importance of the condition and surprised at the insufficient consideration given to the subject in even the most modern gynecological and surgical text-books, I have collected the following data which may prove of service to some of my professional colleagues as well as to future investigators of the subject. Knowledge of the occurrence and familiarity with the symptomatology of the clinical condition lead to its more frequent and more timely recognition.

Soon after beginning the consideration of the subject, we became convinced that deductions and conclusions to be valuable, should be based solely upon the study of cases whose accuracy of diagnosis is self-evident. Therefore in the preparation of this paper we have only considered cases in which the hernial contents were demonstrated at the dissecting, autopsy or operating table.

We have conformed to the nomenclature in actual use; however, to better insure precision of classification and a more intelligent discussion of the subject, we define, at times, perhaps needlessly, the terms employed. The word hernia signifies the permanent or temporary protrusion of one or more viscera from their normal situation through a normal or abnormal opening in the walls of the cavity within which they are contained. It implies the existence of a hernial ring, or a hernial sac, or hernial sac contents and of sac coverings. In the hernias discussed in this article, the protruding organ was always either an ovary, an oviduct, or fallopian tube and an ovary. In some cases, as associated hernial contents, we find omentum, a segment of the alimentary canal, a part of the urinary bladder, a rudimentary uterine horn, or the entire uterus, be the latter organ rudimentary, infantile or of normal development. The tube or ovary, or both, in part or in their entirety, may be herniated. All the hernias herein considered are external hernias; that is, their outermost overlying saccular covering is skin, and each, after reaching a certain stage of development, gives rise to a more or less visible, more or less palpable external swelling in the inguinal, femoral, ventral, obturator or ischiatic regions, depending upon the anatomical location of the hernia. Internal hernias, that is, hernias in which one or more loops of intestine find their way into pouches or recesses in the posteriar peritoneal wall, and diaphragmatic hernias, be the latter true or false, congenital or acquired, constitute other chapters of surgery.

The escape of the uterine appendages from their normal situation may take place through any of the spots or openings of the lower abnominal or abdomino-pelvic cavities. A hernia originating either in the internal or in the external inguinal fossæ and escaping above Poupart's ligament is an inguinal hernia; if escaping beneath the same ligament, it emerges through the crural canal and the saphenous opening, it is a femoral hernia; if through the obturator canal, an obturator hernia; if along the course of the gluteal or sciatic nerves and vessels, emerging almost always above, very infrequently below the pyriformis muscle, very rarely through the lesser sacro-sciatic foramen, a gluteal hernia; if through an operative scar in the abdominal wall, a post-operative hernia.

Though sanctioned by long usage, the classifying hernias into congenital and acquired is, at times, misleading. It is misleading because it is practically impossible to determine the congenital or acquired

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nature of many hernias. Furthermore, the term congenital hernia, as now used, does not imply in the female that the hernia was present at birth, as it is also applied to hernias whose post-natal development is due to predisposing conditions of congenital origin; developmental defects, persistence of transitory embryonal or fetal states which, owing to their non-disappearance with growth, permit the occurrence of outward visceral displacements. Some hernias are congenital in the truest sense of the word; they are complete at birth, hernial contents being then present. In most of the so-called congenital hernias, the sac only is existent at birth; in an acquired hernia, the sac is always of post-natal development, and in all but hernias par glissement is entirely derived from the parietal peritoneum. Congenital hernial sacs result from the want of closure of peritoneal processes, such as the processes vaginalis peritonei in the male, the canal of Nuck in the female, etc., normally present in the fetus. Congenital hernias may appear at any period of life.

Orifices for the transmission of vessels and ducts are normally present in the muscular and aponeurotic layers of the abdominal walls. An acquired hernia is formed by the gradual or sudden escape through these orifices, pathologically widened, of viscera normally contained within the abdominal cavity; the viscera in their passage through and beyond the abdominal wall create paths of escape for themselves by bulging and pushing forward the parietal peritoneum.

In many cases, the congenital or acquired nature of the hernia is either too vaguely stated or is left unmentioned. Femoral hernia seldom occurs before adult life.

Tubal, ovarian and tubo-ovarian hernias occur in the colored and in the white race. Commonly, the condition is unilateral; infrequently, it is bilateral. When bilateral, the hernias may or may not be developed to the same degree on both sides. The bilaterality may date from birth; may be acquired. In the latter case, the hernias from the first have been bilateral or an interval of time of shorter or greater length may have intervened between the appearance of the two hernias. In Broca's case, when patient was eight months old, the right inguinal hernia appeared, but the left inguinal hernia did not become manifest before the patient was four years of age. All the bilateral tubal, ovarian, or tubo-ovarian hernias recorded in the medical literature of the last twenty years are of the inguinal variety. This is in accord with a well-known fact that, in both sexes, double femoral hernias are less frequent than double inguinal hernias.

A tubal, an ovarian or a tubo-ovarian hernia may co-exist with one or more hernias of other organs. Multiple hernias are not infrequent, the hernias present being either of the same or of different types, as two inguinal hernias or one inguinal and one femoral hernia on the same or on opposite sides of the body.

The hernias which we have under consideration may or may not be associated with non-development, malformation or absence of the other internal or of some external genitalia. In Martin's (Kossmann) case, hernia of the left tube and ovary, the uterus was displaced upwards, forwards and to the left by a cyst of the right ovary having the volume of a man's head.

In almost all the cases the operation performed was a herniotomy, and as herniotomy affords little opportunity for direct examination of the pelvic organs, the condition of the non-herniated genitalia was determined in only a few cases.

Hernia is a widespread disease. The relative incidence of hernia of the internal genitalia as to age corresponds to that of hernia in general. In our series, the youngest patient was four weeks old at time of operation. Nicoll operated successfully for ovarian hernia on two infants each one and a-half months old. The oldest patient operated on was seventy-eight years old. She had a left tubal obturator hernia. Lickley reports a right tubo-ovarian obturator hernia observed in a dissecting room subject who had died of general debility and hemiplegia at the age of eighty-seven years. In many cases, the age is not stated. The age given by most authors corresponds to the age of the patient at the time of operation

The study of the reported cases demonstrates:—

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(a) The frequency of hernias during the first year of life.

(b) The rarity of the condition from the first to the fifteenth year of life.

(c) The noticeable progressive increase in the number of hernias observed from the fifteenth year on, the maximal frequency being seen during the fourth decade of life.

(d) After the fortieth year, there is a decline of the number of hernias; they become relatively rare as the extremes of life are approached. During the child-bearing period, hernias of either, or of both uterine appendages have been observed in nulliparæ, in primiparæ, and in multiparæ.

Etiology.—The predisposing and exciting causes of tubal, ovarian and tubo-ovarian hernia are shown by an analysis of the collected cases to be the same as those of other hernias in the female. The persistence of the canal of Nuck is an etiological factor of the greatest significance in the causation of inguinal hernias. The canal of Nuck, the homologous of the processus vaginalis peritonei in the male, is a peritoneal diverticulum accompanying and adhering intimately to the round ligament, descending in some cases as far as the insertion of that ligament in the labium majus. This peritoneal process, whose dates of origin and disappearance are not accurately known, is usually found completely obliterated at birth; it may close after birth; it may even persist throughout life. When the canal of Nuck is only partially are completely unobliterated, it forms a potential hernial sac and is conceded to be the most important congenital predisposing cause to inguinal hernia formation. It is a matter of common knowledge that preformed sacs are not of frequent occurrence in the inguinal region. They have been found in other hernial regions. A sudden or forcible increase in intra-abdominal pressure, such as can be determined by muscular effort, by a misstep in an attempt to save one's self from falling, can lead to hernia formation by causing the irruption in a preformed sac of a tube, an ovary or a tube and ovary. As during infancy, the internal genitalia can neither be displaced by their physiological activity, which is nil, nor by the development of pelvic tumors (rare during early childhood), nor by muscular effort, it follows that hernias of the uterine appendages, at that period of life, are due to such congenital anatomical defects as facilitate tubal, ovarian or tubo-ovarian displacement.

Though, as an etiological factor in the production of hernias, the existence of hereditary predisposition is denied by some authors, to us, the influence of heredity appears positive. Hernia being a malformation often due to developmental arrest, such as non- or incomplete obliteration of the processus vaginalis peritonei, non-obliteration of umbilical ring, etc., it is subject to hereditary transmission. It is reasonable to assume that like structural characteristics beget a like predisposition and a like resistance to hernia development. Among other etiological factors should be mentioned:—

1. All conditions associated with increased mobility of the uterine appendages:

(a) Lengthening of the broad ligaments consecutive to repeated pregnancies.

(b) Pathological relaxation of the ligaments due to puerperal sub-involution.

(c) Abnormal length of the broad, ovarian and infundibulo-pelvic ligaments.

(d) Relaxation of the other tubal, ovarian and uterine ligaments.

2. All conditions that tend to increase the intra-abdominal pressure:

(a) By overcoming the resistance offered by one or another of the weak points of the abdominal wall.

(b) Occupations necessitating repeated muscular efforts associated with increased intra-abdominal tension, as the lifting or pushing of heavy weights, etc.

(c) Physiological or pathological states which distend the abdominal cavity, which stretch the abdominal parietes and widen the orifices normally present in the muscular and aponeurotic layers of the abdominal wall:—Enteroptosis, obesity, abdominal tumors, ascites, pregnancy, etc.

3. All conditions which weaken the abdominal wall.

(a) Acute or chronic disease debilitating the organism.

(b) Obesity.

(c) Traumatism.

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(d) Enteroceles, epiploceles and entero-epiploceles.

(e) Feeble development or atrophy of the aponeurosis of the transversalis muscle and of the conjoined tendon.

(f) A shortening of the round ligament of the hernial side.

Hernial Sacs.—Congenital hernias have sacs of pro-natal formation. That the canal of Nuck remains patent in many cases long after birth, even into adult life, has been proven by a number of investigators. Acquired hernial sacs are formed of parietal peritoneum forced by intra-abdominal pressure through some congenital or acquired defect in the abdominal walls.

In the female the following anatomical characteristics are strongly suggestive of the congenital sacs:—Great vascularity, absence of sub-serious fat, folds, valvular or diaphragmatic constrictions, cyst-formations, scar-like induration of the wall, etc. In congenital inguinal hernias, it is also noted that the round ligament is intimately adherent to the sac.

As we see, the sac results from the bulging outward of the parietal peritoneum without solution of continuity. It consists of a neck, body and fundus. Of these three, the neck is the most imoprtant. It is through it that the general peritoneal cavity communicates with the hernial sac cavity. It may be the site of constriction. The fibrous envelope of the sac is due to the condensation of the fibrous layers which the hernia in developing pushes forward.

The internal surface of the sac, whether the latter be congenital or acquired, has all the peculiarities of serous membranes.

In the female, encysted inguinal hernias result from partial closure of the canal of Nuck, the peripheral portion of which is transformed into a cyst in which a developing hernia prolapses or from the sinking of a hernia in pre-existing hernial hydrocele.

There is really no sacless hernia; but the herniated viscus may be an organ only partially covered with peritoneum.

In sliding hernias, the anterior and lateral portions of the sac are, as in ordinary hernias, derived from the perietal peritoneum, while the remaining portion is formed by the anterior surface of the herniated cecum, sigmoid, bladder or fallopian tube.

Hernial sacs may be dome-shaped, cylindrical, digitiform, sacculated or irregular; may show constrictions with intervening dilated portions. Most femoral sacs are small and not infrequently are embedded in a mass of fat. The sac in recent hernias may be very thin. In children and in young infants, sac is extremely thin.

Hernial Fluid.—The reporters not infrequently state that fluid of some nature or other was present in the hernial sac. The fluid may be serous, sanious, muco-purulent, purulent or fetid in character.

HERNIAL SAC-CONTENTS.

Tubal Hernias.—The tube, either in part or in its entirity, may be the sole content of the hernial sac. As associated hernial contents, a portion of the urinary bladder, normal intestine, gangrenous intestine and omentum were noted.

The herniated tube may be normal and free; may be adherent to sac; may be strangulated; may show inflammatory lesions; may be cystic; may be the seat of a pyosalpinx.

Ovarian Hernias.—The ovary may be the only content of the hernial sac; or may be associated with a systic parovarium, with omentum, with intestine or with a rudimentary uterus. The herniated ovary is reported as being in some cases normal, in others enlarged to twice its normal size, infiltrated with blood, the seat of a large hematoma, adherent to sac, systic, to have presented areas of suppuration, to have shown gangrenous changes.

1908 S. Trumbull Ave.,
Chicago, Ill.

(To be Continued.)

Numerous free dispensaries are being opened in many places in the south for the cure of the hookworm disease. The treatment is simple and safe. It consists of a morning dose of salts followed by an all-day fast, then 30 to 60 grains of thymol in capsules at bedtime and salts again the next morning.

In children, in cases of peritonitis of unknown origin, examine for gonorrheal vulvo-vaginitis.

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THE PRACTICAL APPLICATION OF ELECTRICITY AS A THERAPEUTIC AGENT.—GENERAL USE OF CURRENTS.

By J. R. Etter, M.D.

EDITORIAL NOTE.—This is the fifth of Dr. Etter's series of short, practical articles. Each article will be complete in itself; the entire series when complete, will form a regular *vade-mecum* on "The Practical Application of Electricity as a Therapeutic Agent." These articles will be something different, that is, they will be presented in a different form from the general run of matter hitherto brought out on the subject in the books. No general practitioner can afford to miss a single number of The SUMMARY containing this Series, which will run through all the present year (omitted in September issue) and probably the next, and will give the technique of application minus the theory.

Instruments.—The instruments needed in electrical treatments will depend solely on the class of work the practitioner desires to do. One cannot take a skiagraph with a Faradic battery, neither can he perform a cautery operation with a static machine. With a good Galvanic and Faradic machine, one can cover a very extensive field of work, and, when I say a "good" machine, I mean one that has sufficient strength and the proper controlling devices so that the currents may be under perfect control, from the weakest to the strongest currents desired to be used. A machine should be so arranged that all switches are in easy reach while treating the patient that the current may be varied at will. Each treatment should be begun with a very mild current and gradually increased to the desired point, or to the point which the patient will readily bear. The amount of current a patient will bear one day, is but little guide as to what they will bear the next day, as has been observed by me in hundreds of cases. I used to get irritated at my patients on this account, and try to force the current up to the same standard each sitting, but learned by sad experience that it was a good way to drive them away, and of course the reputation as well as the money was at an end. For your own good and the good of the patient, it is best to stop when you have carried the current to the point your patient will reasonably bear at each sitting, and as a rule the less argument you produce, the better off you are, as the patient will feel that you recognize their peculiar nervous conditions from time to time. Basing my practice upon the above observation, I seldom use a meter, as the patient is the best meter one can have, except perhaps in electrolysis, where you cannot observe the effect of the electrode in situ, but of this I shall speak again. After obtaining a good machine, the next thing of greatest importance is, to see that it is kept free from dust and that all connections are kept tight. Electricity, of all the motor agents we have, is the most certain to work when in order, and, per contra, the smallest thing will prevent it from doing what you want it to. The slightest loose connection, either in switchboard or wire attachments, will block the whole game, and you are ready to say that electricity is too uncertain a quantity to be depended upon, when in fact the fault is all your own.

Where a machine is run with battery power, I much prefer what are known as "Dry Cells," as they are very powerful, constant, and can be replaced by the physician without the aid of an electrician, which, at best, is generally a very expensive luxury. The cells should be so arranged as to be easily examined. One bad cell in a battery will prevent the good ones from working, as the resistance is often too great for the current to pass through. If your machine fails to work, the first thing is, to be sure that your switches are set right for the current desired, as I have found in my own experience, when my machine failed to go, that some switch was not on the proper point, although it was a machine I had used for years and was perfectly familiar with. The next thing is to see that all connections are tight, the trouble will most likely be in the cells. With a small volt meter, you can test each cell separately, or with a buzzer, or even a door-bell, you can get a very good idea as to the condition of the cells. Where you use "dry" cells, if one becomes deficient, you can replace it with a new one, without disturbing any of the rest, but in doing so, you should take out one cell and replace it, connecting the wires up as they were before. If you remove two or three cells at a time, you are liable to get your wires mixed up, and the connections will not be right. Always notice particularly which wire is attached to the carbon element be-

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fore disconnecting, and connect it back to the carbon of the new cell. A new machine is more liable to get out of order, than one that has been used for some time, as the maker may have failed to get all connections tight as they should be, and the first user of the machine will most likely discover them, so don't condemn a new machine because it may fail to work just right.

There are electrodes and electrodes on the market, and it is one of the things that deter many physicians from attempting the use of electricity, as they glance over a catalogue and see so many attachments and then read the technical books, they at once become discouraged as to ever being able to grasp the idea of electrical treatment. Many manufacturers of medical machines, have seen fit to put the most cost in electrodes, and overlook the necessity of the real machine. In these articles, from place to place, I shall endeavor to make suggestions how a physician can utilize many of the instruments that he already has, and in many instances to much better advantage than in the set electrodes that have been invented from time to time. Then again, many of the electrodes have been invented along "theoretical" lines, instead of practical ones. My whole aim will be to simplify the use of electricity in medicine, rather than to cloud it with finespun theories, as is often done. An old saying is, "Nothing succeeds like success," and this is forcibly exemplified in the every-day use of electricity in the treatment of disease. If you get results, regardless of the finespun theories, your patients will be satisfied and pay their bills. This may seem to be a commercial view of the matter, but it is not altogether so. What you want, and what your patients want, are one and identically the same. You want to be successful and your patients want to be cured of their ills. If you are successful, your patients will pay their bills with gratitude, and this should be the highest aim of the physician.

Charlatanism may win for a time, but it will not last. I knew a man who located in a town and had enough money to purchase an X-ray machine. Every patient who came into his office, he would turn on the machine and tell them that he could see every organ of the body and know just what condition it was in—could tell whether the valves of the heart were working just right, whether the liver was separating the proper amount of bile, could see the amount of uric acid passing through the kidneys, tell which testicle furnished spermatozoa and which ovary was productive, and in fact could just read the whole human anatomy and physiology and diagnose all diseases by the X-ray. For a while he succeeded in gulling the people, and demonstrated his great superiority over the common physician. His stock in trade was to show how little other doctors knew, in fact, he was *it*. But time moved on apace, and other doctors who had studied the X-ray, began to educate his patients, so it was not long till he had to drop his Charlatanism. Then he went the way of all who try to deceive the sick and afflicted. They have their day for a while, but the time comes when they have to change location and seek a new clientele. In the long run, honesty is the best policy. It is not necessary to tell your patients that you can surely cure them with electricity, but tell them that in the given condition it is the best hope of recovery, or that it is a great adjunct to their recovery. If you make a hobby of any one thing, you will lose out; but, on the other hand, if you use all the accessories for the good of your patients, you will be the successful practitioner. It is just as much folly to expect to cure everything with medicine, as it is to cure everything with electricity—neither will be a success. Even suggestion has a great field, whether given in connection with medication or electricity, yet it is not the whole thing, as some would make believe. If you have two good remedies at hand, that will not conflict, use them, even if the books do not say so. Nature has many and various ways to remedy the evils of the flesh, and possibly many hobbies. The successful physician studies the various phases of his patient, and fits his remedies accordingly. No two are exactly alike. There are many conditions that electricity will not meet, and in such we must resort to medication or surgery, or both. All remedies known have their field, and it is just as foolish to depend alone on one as on the other. Electricity, where it

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is indicated, is one of the surest that we have, and at the same time will give the quickest results. It cannot be used haphazard with any prospects of benefit, but must be used intelligently, the same as other remedies.

I do not expect to give minute directions for treating each separate disease with electricity, but will take up enough separate kinds and discuss them, that the practitioner will have no trouble in applying the remedy to all forms where it is indicated.

Crawfordsville, Ind.

THE AUGUST SUMMARY.

By George L. Servoss, M.D.

In the middle of summer, especially during "dog days," one anticipates but little of anyone requiring great effort, but our Editor seems to be just as wide-awake this summer as he was during the colder months of the past winter. In speaking of apomorphine, as an emetic, I would add to the editorial remarks that it would be well to be careful in the use of this agent in narcotic poisoning, as its late use might add to the narcosis. Such things have been known to occur. Why not use a good stovaine preparation instead of cocaine in catheterizing? How would quinine and urea hydrochloride act? Iodine is surely doing wonders, and we thank the Editor for his remarks relative thereto. Nothing missing at all as regards obstetrical equipment. The young man should clip and file this editorial, even though it may contain nothing new to him. It will act as a reminder. The remarks regarding spermatorrhea are good and to the point, and should be read without passing. As usual the Editor makes some very pertinent remarks regarding eye remedies. Just little simple things, but ones, properly used, which will bring order out of chaos in many cases. Turpentine is an old "home remedy,' but one worthy of more than passing attention, and every doctor of the Summary family would do well to read this column, as he may discover something with which he was not conversant.

Coming to the original articles, Etter, as usual, handles the question of the Faradic current in a masterly manner, and this article, even though somewhat brief, should be of general interest, especially to those readers who have not had the advantage of a complete course of instruction in electricity.

Kirk, in his remarks regarding dysentery and summer diarrhea, gives us quite a list of the different remedies employed in such conditions, and his article is well written. I would suggest that, in the treatment of these disorders, as in all other pathologic conditions, the remedies for certain specific indications would be practical. Kirk pays some attention to indications, but not enough. We are forgetting names of diseases more and more, as time goes on, and are treating the indications, of an individual character, rather than the diseases in their entirety.

Redfield is surely giving us an instructive series of articles relative to the active principles; one worthy of clipping and filing for future reference. The active principles are becoming more popular as they are better known, and Redfield is giving us valuable additions to such knowledge.

Of course, Souders did not intend to give us anything really medical. His little article, "An Every-day Philosopher," serves to act as an oasis in the desert of dry medical thought. More such articles would be welcomed.

Now, it would not be nice at all for Servoss to say anything about the next article, but I would emphasize the facts therein, that there is such a thing as scientific therapeutics, and that they should be more thoroughly thought of.

Sprague has given us another oasis in "A Few Reflections," which is undoubtedly pleasing to those who delight in the poetic muse, especially that of an amusing nature, as is the poem by Doctor Wiley.

Young has given us some very interesting data, of an historical nature, relative to the different systems of practice, and we shall welcome the continuation of this article.

Servoss had no intention of burdening you twice in one month, but the Editor seemed to have a different idea of how things should be. I believe, however, that you will agree with me in asking for more of the practical.

Goiter is a thing always of interest and

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we thank Gregory for his remarks on the subject. He says nothing of the method of the Mayos in their radical cure, through surgical interference. The medical treatment is important and should be tried out, probably in the vast majority of cases, prior to calling upon the surgeon. The ideas suggested by Gregory sound good, and should be followed up and reported on by others.

Perhaps the moon may have some connection with the occurrence of labor. Who knows? Evans has made some remarks relative to the subject which should awaken quite a discussion. Don't let the matter drop right here, but follow it up, as suggested by Evans, and let us hear from both our city and country brothers. Let us hear whether you think old Luna has anything to do with labor, or not.

It goes without saying that the Editor has picked up some good things for "Medical Gleanings." This department invariably contains something of interest to every reader of the SUMMARY, and it should never, under any circumstances, be passed over lightly. I would say in passing that of all the aconite products, I have personally found aconitine, either the amorphous or crystal, to be the most satisfactory form of the drug, in that it is invariably reliable and of exact standard, lot for lot.

Under the head of "Notes and Queries," Gregory again gives us some good ideas which should lead to greater therapeutic thought. I would suggest to the doctor that he employ, instead of the whole plant products, the active principles of these drugs. They are surer and invariably standard, both as to strength and activity.

Richardson should get into the Progressive Party, where he would have an opportunity to "knock" both the Republicans and Democrats to his heart's' content. Let the doctor spend a few dollars for greater laboratory equipment and then raise his fees and he will feel more kindly toward the world, regardless of politics. Equipment is a great thing through which to increase the fee bill.

Monroe states a number of truths in his "Random Notes," and we hope to hear more from him in future numbers of the SUMMARY.

It may be, as Richardson says, that Field is an "old fogy," but he is a mighty interesting one to we younger fellows, and we would not consider a single issue of the SUMMARY complete without some little thing from him. His "Valley and Shadow" may not contain anything particularly new, or up to date, but it surely gives us something to think of. The reason why.

Better be careful, Wirt, in using wood alcohol, as the fumes have been found to be dangerous, and if employed in any considerable amount might possibly cause blindness or other unpleasant condition. However, applied over a small surface it might, as the Doctor says, give relief in ivy poisoning. It is worth trying.

Reed's remarks regarding calcium creosote should call forth remarks from others. The makers of this compound claim that it has solved the creosote problem, and the fact that large amounts of the drug may be taken in this form speaks well for the remedy.

While the Editor does not give us very many book reviews, those which he does offer are not abbreviated, as is so generally the case, and we are guided in our purchases through these more exhaustive excerpts.

It goes without saying that many good things are to be found on the single page of "Summary Gleanings." As I said before, in a previous "Summary of the SUMMARY, this page contains as much of value as frequently appears on several pages of the ordinary journal. Be it as it may, while we must have the big things, the little ones are very frequently of as much, if not more importance.

A Pointer in Re-Iodine.—Iodine is a good local antiseptic, but be careful, when using it as a skin disinfectant, prior to, and during surgical work, not to have starched towels come in contact with the area painted with the solution of iodine Reason why? Simply that inert iodine of starch is formed. I noted this take place in two operations recently, in which the stain of the iodine was entirely removed from the skin surface long before the operation was completed, the towels in contact showing marks of blue following action of iodine on starch.

Gardnerville, Nevada.

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Medical Gleanings

Under this head we endeavor to present a Condensed Summary of Practical Medicine, drawn from the best and most reliable sources, thus saving our readers much labor in winnowing out from the chaff, medical grains of real value.

ACUTE INDIGESTION AS A SYMPTOM OF NEPHRITIS.

We have more than once called attention editorially to the frequency with which acute indigestion is given as a cause of sudden death where the underlying condition was probably one of chronic nephritis. Seymour (*Boston Medical and Surgical Journal,* June 6, 1912) now directs attention to the frequently overlooked evidences of renal involvement in cases of acute indigestion. Little is to be found in the urine in cases of chronic interstitial nephritis, and few cases show even the slightest trace of albumin on the most careful analysis, the amount rarely going above a slight trace with the nitric acid contact test. The mild symptoms of uremia or toxemia that probably result from retained poisons due to faulty metabolic changes may be so slight, and the increase in their severity so slow, that the individual does not believe his condition to be serious. He considers himself a chronic dyspeptic; he often has nausea and an aversion to food, especially meat. Occasionally he has a "frightful billious headache," accompanied by nausea, vomiting, and severe epigastric pain, which is often mistaken for ptomaine poisoning. The true condition, however, may be shown by a decreased amount of urine, the presence of a large quantity of albumin, the character of the sediment, and the increase in specific gravity. Seymour urges that the use of loose diagnostic terms, like acute indigestion and ptomaine poisoning, should be avoided, that more care should be exercised in finding a possible cause of gastroenteric disturbances, especially of indigestion and dyspepsia, that carelessness in urinalysis may be dangerous to both physician and patient, that no albumin does not mean no nephritis, and that an increased twenty-four hour output of urine, with persistent low gravity associated with gastric disturbances, should strongly suggest involvement of the kidneys.—*N. Y. Med. Journal.*

SPASM OF THE SPHINCTER VESICÆ.

The writer of this paragraph has been called to relieve a neurotic woman of urinary retention on several different occasions of late. The meatus and sphincter were contracted down so closely that an anesthetic on one occasion was necessary before catheterization was possible. No cystitis or other pathological state was in evidence. The spasm seemed to be a neurosis pure and simple, yet the bladder would fill almost to the bursting point without a drop of urine being voluntarily voided. An antispasmodic and antihysteric line treatment gave the better results.

TREATMENT OF SENILE PROSTATIC HYPERTROPHY.

Walter Griess, in *American Journal of Dermatology* for May, remarks that measures having as their object reduction in size of the enlarged prostate can be expected to succeed only when such enlargement is due to an associated congestion or prostatitis. Epinephrine chloride in rectal suppositories is employed by the author is a routine measure, and is believed by him to have distinct value, whether on account of its local action or because of its effect on involuntary muscle fibers generally, whereby the bladder is assisted in its expulsive efforts.

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TREATMENT OF HEMORRHOIDS.

The following preparations are strongly recommended by the writer, who found them efficient in practically every case in which they were employed:

℞ Pulveris gallæ,
Zinci oxidi.....āā 3j.
Hydrargyri chloridi mitis...3ss.
Bismuthi subnitratis .....3j.
Cocainæ hydrochloridi.....gr. v.
Unguenti aquæ rosæ.....℥j.
M. Ft. ung.

℞ Pulveris gallæ,
Zinci oxidi.....āā gr. v.
Morphinæ sulphatis.....gr. ¼.
Cocainæ hydrochloridi.....gr. j.
Atrophinæ sulphatis....gr. 1/60.
Olei theobromatis.....gr. xxv.
M. Ft. suppos. no. j. Da tales no. xxiv.

In external piles the ointment is used, well smeared in within and around the anus, and protected with a piece of cotton partially inserted therein. In internal piles the suppositories are used. Sometimes both are required. The suppositories are used once or twice, the ointment three times a day. The anus should, of course, be kept thoroughly clean, and constipation avoided. Injections of 4 to 6 ounces of cold water within the rectum several times a day materially aid the treatment.—Dr. J. W. Robinson, *N. Y. Med. Jour.*

TREATMENT OF ARTERIOSCLEROSIS.

Dr. G. Frank Lydston, in the *Therapeutic Gazette* for July, reports a case of extreme arteriosclerosis in a man, seventy years of age, in which the administration of thiosinamine appeared to lead to marked improvement in the condition of the arteries. The brachials were as large as a lead pencil and so prominent as to be visible at a considerable distance. The blood pressure varied between 180 and 200 mm. Hg. Thiosinamine was given in capsules, beginning with one-fifth grain three times daily, which was gradually increased to one grain, for a period of about four months. As a result the brachials were reduced in size so that they could be detected only by the touch, the temporals reduced to the average size in a man of seventy years, and all accessible arteries perceptibly softened. The blood pressure was not altered, but great relief was given to the mind of the patient, who had been worrying continually about the enlargement of his vessels. The improvement continued for six months, death eventually taking place from uremia.

CAUSE OF PELLAGRA.

At a recent meeting, Lavinder, perhaps the greatest authority in this country, stated: "The question to be solved—at present an unanswerable one—is whether pellagra is to be considered as a food poison derived from maize, or whether it is a parasitical disease." In reply to a question, he said: "I do not know the cause of pellagra. There is no question that the South is flooded with rotten corn that is not fit to eat, and that it is our business to get rid of it."—*Ex.*

A GOOD PILL.

A good purgative pill is made as follows:

℞ Ext. colocynth comp.....℥xij.
Ext. belladonna .....℥j.
Ext. nux vomica.....℥iv.
Podophyllin .....℥ij.
Mix and make into six thousand pills.

Dr. Pitzer said: "People have learned to rely upon these pills, and say they remove biliousness, overcome constipation and always move the bowels gently without exciting pain."

WARTS.

Acetic acid, U. S. P....10 grams.
Glacial acetic acid.....90 grams.

Dispense in glass-stoppered vials. This liquid is to be used with care and should be applied by means of a toothpick directly on the wart and at the base of the wart several times a day.

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VALVOTOMY.

In a paper under the above caption read before the late meeting of the American Protologic Society, the author, George E. Evans, of Dayton, Ohio, says:

Valvotomy as a factor for the relief of proctitis.

Valvotomy as a factor for the relief of obstipation and constipation.

Valvotomy as a factor for the relief of distinct and isolated ulceration of the distal side and adjacent to the valve.

Valvotomy as a factor in the elimination of bladder and prostatic symptoms reflexly.

The location of the valves. Every case of valvular trouble is accompanied by pathological changes in the valves, and if in the valve, then in the adjacent tissues.

Valvular obstructions are prolific of more trouble than we give them credit for.

Valvular obstructions are causative factors in the production of obstipation in a large per cent. of our cases.

Valvotomy is a justifiable operation, as it not only relieves obstipation and constipation, but often causes reflex and neurasthenic symptoms to disappear; frequently ameliorates and even cures proctitis, and by virtue of the drainage it secures, lessens the tendency to toxemia from intestinal origin.

THE OATMEAL CURE IN DIABETES.

Dr. S. Strouse has a very interesting review of the recent literature on the above subject, which is an important one (*Interstate Medical Journal*). He sums up the general views on oatmeal in diabetes as follows: "Practically all investigators, who have tested the cure in a thorough manner, agree that it is most beneficial ,especially in severe cases where other means have failed to reduce either sugar output or signs of acidosis. Whether this starch depends on any inherent quality of the oat starch is still a disputed point. The modus operandi must be considered as yet unexplained; numerous theories have been advanced, but none is supported by actual knowledge. Klotz's researches, if corroborated by other workers, may offer a scientific explanation of the phenomenon."

TREATMENT OF INGROWING TOENAIL.

Dr. Lehmann, in *Archives de Médecine Militaire* (through *Tribune Médicale* for June, 1912), recommends a simple, effective procedure for the ambulatory treatment of this condition, consisting in the application to the ingrowing edge of the nail, as well as to the inflamed soft tissues, of a dilute solution of ferric chloride. A small pledget of absorbent cotton, mounted on a stick of wood, is used, and care taken to insert it as deeply as possible. The ferric chloride should be allowed to act some time, though it is not necessary that a permanent tampon of it be left. No pain is caused. An application is made daily. The fleshy granulations are rapidly dried out and hardened, pain disappearing. Local infection of moderate degree is promptly overcome, though in cases with marked inflammation a few days should be spent in bed. Ordinarily the patient may be allowed to walk during the treatment, provided the toenail be properly trimmed and broad shoes worn.—*N. Y. Med. Jour.*

[We used, practically, the same treatment thirty years ago. Therefore it is not a new idea by any means.—Ed.]

NUT BREAD FOR DIABETICS.

Hodgson (quoted in *Progressive Medicine*) gives the proportions of a flour which he has used for several years, and which can be made up in the form of small cakes or biscuits and then dried: Unground poppy seed, 3 lbs.; ground nuts (almonds, pecans, filberts and English walnuts), 8 lbs.; eggs, 12; flour of dried spinach, 1 lb.; salt to flavor; milk to make a stiff batter. For constipation in diabetes he has found serviceable a mixture of equal parts of olive oil, castor oil and glycerin emulsified with a small quantity of gum arabic.

In catarrhal jaundice the pulse is usually slow. In gall-stone jaundice it is not Operation in the first is serious and useless. In the second results are favorable.

Urethral discharges in young boys may be due to foreign bodies introduced while masturbating.

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Notes and Queries

For this Department we cordially invite Questions, Comments and Criticisms on all Topics of interest to the Physician in his daily work for relief of the sick, thus making the Summary a valuable medium of communication between the medical profession.

Correspondents will give their names and addresses, but initials will only be printed when desired.

The queries in this issue awaits the Answers which our intelligent readers may be pleased to contribute for publication in our next.

CAN DEAFNESS BE CURED?

Editor Medical Summary:—

It is estimated by those who have investigated the subject that over one-third of the people of the United States are deaf, or in other words, over 30,000,000 people of this country are unable to hear as they should. Not all, of course, are uncomfortably hard of hearing, but with some degree of hearing lost.

Now, what is the cause of this deplorable condition? In a few words it may be stated that catarrh and its causes will be the underlying condition in the great majority of cases. A few cases are due to struma, accumulations of cerumen, etc., but almost the 99% come from the naso-pharynx. So you see we find the hen that lays the golden egg for the specialists in the dark, hidden naso-pharyngeal space.

We may ask, can deafness be cured? Well, yes, in a way, and probably as simply as anything else in medicine. Just shoo the old hen off the nest and the thing is done, but don't wait too long. Also it requires some skill. Years ago, as a little country boy, I had catarrh, and the old country doctor told my mother that catarrh couldn't be cured. That physician is now dead, or at least I hope for the good of his clientele he has passed away, and all others like him. The ultimate good of future generations of Americans rests with the general practitioner. If only all persons, the younger the better, with impaired hearing could have the benefit of expert treatment immediately the course of life would be changed for all such. Outside of being blind, deafness is the greatest curse invented.

One able to hear cannot imagine the sufferings of his soundless brother, one who walks by the soothing brook without sound, cannot hear the restful rain drops on the roof, nor the wind blowing through the trees. He can see life open and shut without sound. He is shunned in public, shut off from conversations and except to one of especially brilliant achievements full success in life is impossible. The object of this short notice is to inform you that catarrhal deafness can and should be relieved. I know it is too true that patients after a cursory examination are told that nothing can be done. Go home, buy a little ear trumpet, use a saline once a day, change your occupation or some such rot. All the little sinuses filled with pus are overlooked except by the one who makes a careful examination. Diagnosis is the thing. For instance, it would be impossible if you or I had a rotten sphenoid to get any relief from inflating our ears or any other treatment until the sphenoid was cured up.

To one who is getting deaf I would say, do not delay but try and get relief through the way of the knife, the saw and the little hatchet, as no other way has been invented. It may be stated authoritatively that all cases of catarrhal deafness can be prevented by early treatment. Most cases are satisfactorily helped in the early stages and few are benefitted in the chronic period.

The general practitioner should be able to examine the nose and throat, and at least be able to point out to patients what ought to be done to cure catarrh. I had a patient who began to grow deaf. He had catarrh of long standing. This is not in criticism of anyone, as we all make grievous mistakes. This condition was progressive, He consulted a specialist about five years ago, when the condition was first noticed, and began an endless round of infla-

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tion post-nasal applications of silver nitrate and glycerin and iodine, all to little good, as the condition continued and progressed. He consulted different specialists of good repute, all to little purpose, until finally he met a man who could and would sit down long enough to make a thorough examination, and after all those years and multiplicity of examinations an amazing condition of affairs was presented. He had a deviated septum with adhesions to the turbinate, enlarged and spongy posterior inferior turbinates and a pus ridden sphenoid sinus. After getting his nose repaired and put in order with a knife and curette his catarrh has disappeared, after fifteen years. While it is hardly time for his ears to improve as yet, one has already done so and there is every indication that the other will do so.

I feel that we as general practitioners cannot know too much about any of the specialties as the future happiness and well being of our patients a good many times depends on this special competence.

It is certainly hard enough in these days of high living, new parties, and hobble skirts to make a decent living with all senses unimpaired.

R. A. BLACK, M.D.

Sullivan, Maine.

ACNE VULGARIS.

Editor Medical Summary:—

Reading an article on Acne Vulgaris in your late issue reminds me that this condition, commonly known as "black heads," may be entirely cured by the nightly application of whale oil. The demodex follicularum travel over the surface of the skin and lay their eggs in the sweat glands and hair follicles. There are three kinds of demodex, yet I have never seen any of their young ones. Their presence can readily be demonstrated by squeezing out the sebacious substance of the nose or cheek, and after separating this mass with a needle add one drop of olive oil and use a low-power objective and you can readily see them moving about, full of eggs, and having four legs on each side.

R. D. FAIREX, M.D.

1825 Fourth Street,
New Orleans, La.

SPECIFIC TREATMENT OF GONORRHEA IN THE MALE.

Editor Medical Summary:—

During the past few years much has been written about gonorrhea and its treatment. I have had the pleasure of treating nearly three hundred cases and have found the following routine of phophylaxis and treatment most excellent, in fact nearly all cases were completely cured in from four to six weeks, a few cases lasting as long as eight weeks.

It is very important that the following general instructions be carefully persued in every case, otherwise the condition will run a chronic course.

1st. *Prophylaxis.*—A suspensory should be worn during the day and cotton should be kept on the end of the urethra to catch the discharge, and should be changed five or six times a day or oftener. Avoid touching the discharge, and be sure to instruct the patients to wash hands thoroughly before and after making injections, lest the infection be carried to the eye and cause a dangerous inflammation, which is hard to treat and leaves the eye in a weak condition.

2nd. All patients should be kept on the following bland diet for a period of three or four weeks at the very least, or until the discharge has ceased: Cereals, bread and butter, cheese, puddings, vegetables well cooked in all forms. Tea, cocoa, and coffee, with plenty of cream and milk. A little claret with meals will do no harm, but alcoholic drinks in any form should be interdicted as a general rule. Pickles, celery, radishes, tomatoes and asparagus are not to be injested. Most meats should be prohibited, especially fried stuff. The white of meat, such as chicken, may be boiled and injested without harm.

Evening lunches should be interdicted. All forms of exercise, such as dancing, cycling, running and jumping should be prohibited.

Rest in bed should be enforced whenever possible, and especially when the following complications have set in: Orchitis, epididymitis, cystitis, edema of the penis stricture, cowperitis, folliculitis.

Medical.—For the first ten days it is very

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important to keep the bowels in an active condition, for this can be done by giving repeated doses of sodium phosphate, about one tablespoonful of the effervescent salt in a glass of water every other morning.

Internally.—Give

℞ Kali acetat.....3ij.
Hexamethyenamine .....3iij.
Fld. ext. corn silk.....ʒss.
Aqua .....q.s. ad. ʒiv.

M. Sig.—One teaspoonful in one-half glass of water four times a day.

Locally.—

℞ Argyrol .....3ij.
Aqua .....q.s. ad. ʒiij.

M. Sig.—Inject four or five times a day.

(Physician should always instruct patients how to make injections.)

After this course of treatment has been carried out for a period of ten days the inflammation will have subsided, the urine become bland and the discharge will begin to lessen in amount. The patient is put on the following:

Olei santali, ten drops in capsules taken four times a day.

Locally the argyrol solution is kept up for two or three weeks more. In any event, if the discharge does not cease at the end of four weeks the patient is instructed to take fifteen drops of the oil of sandalwood five times a day, unless the stomach does not tolerate it well. If you will treat all your cases of urethritis with the above, you will be highly pleased with the results.

A. CHARBONNEAU, M.D.
Suite 606-607 Minahan Bldg.,
Greenbay, Wis.

WANTS THE OPINION OF SUMMARY READERS ON SEXUAL HYGIENE.

Editor Medical Summary:—

I am very much interested in the subject of sexual hygiene, especially in regard to its being taught in the public schools.

I should be glad to have the opinion of some of the other physicians in the columns of the good old SUMMARY.

S. MILLER, M.D.
Mondovi, Wis.

NOTES FROM EVERY-DAY PRACTICE.

Editor Medical Summary:

Dr. W. C. Cooper says: "To be a cheap-John doctor is to be a damphool. Any doctor who does not improve to-day over the mistakes of yesterday is a dope-disher, but no healer of the sick and not worthy the name of physician."

Each new day should be a golden gate to new opportunities, higher standards and more definite specific directness in curing ailments that come to our task. Some one says: "A mistake is often of great service in attracting our attention and in concentrating our efforts. We often learn more from failure than from success. Failure may be a stimulant, success a sedative. Our faults, if we could justly consider their real importance, would often insure our success."

Our failures to-day should be our stepping-stones to success to-morrow. The trouble with the most of us is that we are satisfied with the same rut we ran in yesterday—it's good enough for us to-day. It is a sad day in any doctor's life when he is satisfied with the life he is leading, the thoughts he is thinking, the art he is practicing, if there is not forever at the gray matter of his brain some great desire to be a greater doctor, a more accurate dispenser—a more direct, definite healer of the sick, aiming more and more to become a past-master in coping with disease.

We are firmly convinced that definite medication is the only way to practice the art of helping the sick—the only way of curing human ailments. We will give a few practical points from our every-day work:

Master H., subject to bed-wetting almost every night. He is about ten years old and had been doing this right along. Various old-time remedies had been used and found of no avail. The foreskin had been loosed and the adhesions broken up. He stopped the bed-wetting for one week, then was just as bad as ever. Rhus tox., belladonna, and other remedies, were used, but all failed. Finally followed Dr. Jones' treatment in *Definite Medication*, giving him sp. cantharides, gtts. 20 in four ounces of water, one teaspoonful four times daily, toogether with strychnine sul-

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phate tablets 1/30 grain three times a day. It did the work and cured the case.

You may want to know why we gave strychnine sulphate. This was to strengthen the sphincters of the bladder and to tone up the relaxed conditions which we suspected. As to the sp. cantharides, it is well to read up in materia medica of its action. You should know all about this grand remedy in urinary troubles. "We are firm believers in Prof. Scudder's saying, that we have medicines that are specific not only in certain diseases, but to conditions of diseases," and this is still true to-day. Give the right drug in the correct quantity at the proper time in the right indication and you will score success and please your patient.

Mr. C. had an attack of scabies, and it kept him busy scratching at night. Gave him Dr. Jones' formula of oil of tar, tr. veratrum viride, vaseline and sublimed sulphur, page 206 *Definite Medication.* These are the proportions:

Oil of tar.....30
Tinct. veratrum vir.....30
Vaseline or lanolin.....480
Sublimed sulphur, q.s. to make a nice mass of the consistency of ointment.

Sig.—Use three nights, then take a bath, skip three nights and then apply again. This gave him relief at once, and he was so well pleased that he came and got the recipe to take to his friends in the city. Just try this in your next case of scabies; it will be dynamite for them. You can make it in two-ounce quantity in same proportion.

Sp. veratrum is a splendid itching-skin remedy in parts two to four to 120 of water, especially in non-parasitic cases.

A splendid mixture for burns is menthol and witch-hazel with a saturated solution of magnesium sulphate. Apply locally with gauze and keep it wet. Apply light bandage. You can pour solution on it and keep it moist. If you can use Parke, Davis & Co.'s chloretone gauze it will be still better to ease the burning. We have tried this and it works fine; the idea is my own.

For painful and swollen knees a mixture of magnesium sulphate solution and ammonium chloride is very serviceable. Apply locally to the knee with cloth and bind cloth or bandage around knee.

The ointment on page 218 of *Definite Medication* is a splendid healer in any sore or ulcer or to apply on gauze to a cut. Recently we performed a circumcision on a little fellow and just kept the gauze well greased so it would not stick. It healed without a drop of puss.

S. D. Sour, M.D.

Ogilvie, Minn.

ECHINACEA—POPULUS MONILIFERA. SNAKE BITE.

Editor Medical Summary:

I have long been acquainted with the claims of Dr. H. F. C. Meyer, of Pawnee, Neb., for the first named drug in my caption in serpent poison (see King's American Dispensatory of 1898, page 672), but I have never had an opportunity of testing its value in relation to snake bite, until recently; a brief account of which I will submit to your readers.

I was called in haste to see a man, Bedford Stone by name, whom, the messenger said, had been bitten by what they called a rattle snake pilot, but which I call a copperhead. As to proper name it matters but little. They are a venomous little serpent, and fully capable of causing death in a few hours from the intoxication caused by the absorption of the virus. It should be remembered that if the poison is delivered into the cellular tissues it requires longer for the victim to be brought under its toxic effect than if it has direct communication with the blood vessels.

In my case the serpent had struck him on the end of the toe next to the great toe on the right foot. I arrived about an hour and perhaps twenty minutes after the wound had been inflicted and learned, on inquiry, that the wound had bled freely; this, I think very desirable, for the outflow of the blood will remove some of the virus from the site. Suction will do this if promptly applied.

Also, upon further investigation I found he had placed a ligature above the foot around the ankle; and had bathed the parts

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in coal oil, and had further intoxicated himself with spiritus frumenti, I do not know whether it was the brand the SUMMARY suggests should be Latinized as "Spiriticus Frumenticus Americanus" or not, but it had him feeling lively all right, and I will say here that I fully approved all they had done, and believe it in harmony with good sound practice. I believe whiskey is a useful therapeutic agent here.

But I still found the foot badly swollen, as was the leg well up toward the knee. The appearance was livid and purple, and the swelling seemed to be going on up the limb.

I at once injected with my hypodermic syringe a pretty strong solution of potassium permanganate right into the punctures made by the fangs of the serpent; thinking that there might still be a focci for further toxic absorption remaining at that point.

I then injected above the wound echinacea et populus monilifera perhaps about as follows, as I prepared it impromptu:

℞ Fld. ext. populus monilifera..3vij.
Echinacea angustifolia.....3v.
Aqua .....ʒiv.

M. Sig.—A teaspoonful every thirty minutes till four doses were taken, then an hour apart until the swelling began to subside, or at least stop advancing. Then my orders were to give every two or three hours while awake.

Favorable signs began to be apparent in the limb in a few hours. I do not believe it spread another inch after the injection of the second dose of medicine. In addition to this internal medication I also applied the populus monilifera and echinacea to the foot and cite of the wound.

I do not claim that my observation in this case authorizes me to conclude here that populus monilifera is entitled to wear any laurels from the field of specific therapeutics, but will say for it that I have gratifying results with it as a local application and an internal alterative, and have great confidence in it. I will say further that if the populus did not do the work in this case it did not keep the echinacea from giving a good account of itself in this field.

I wish to say this in connection that I have great confidence in populus monilifera, echinacea and phytolacca, when it comes to enabling the red blood corpuscles to carry their normal amount of oxygen and to resist the disintergrating influence of toxic material.

My snake victim was up and about all right in a few days.

W. M. ALTER, M.D.

England, Arkansas.

THE BUSINESS SIDE OF MEDICINE.

Editor Medical Summary:—

I am pleased to see that your journal is broad enough to discuss subjects relating to the business side of medicine.

With the rapid increase in the cost of living; the diminution in the amount of sickness by the avoidance and better control of epidemics and the general public becoming educated along the lines of preventive medicine; the extension of "lodge practice," "contract practice," health board, hospital and dispensary abuses it is becoming more and more difficult for physicians to earn a living.

It is high time we discussed subjects relating to the betterment of the financial standing of the profession instead of holding up our hands in horror and shouting, "It is not ethical" whenever the financial side of medicine is mentioned.

The man who is always shouting "It is not ethical" is the one who has made his "pile" and does not concern himself about the struggle his brother practitioner is having.

What the profession needs most is to have the courage to defy convention and discuss the business side of medicine at its meetings and in its journals.

Yours for the betterment of the profession,

CHARLES HAASE, M.D.
110 West Church Street,
Elmira, N. Y.

In prostatic hypertrophy Fenick warns against the use of the cystoscope in a patient over forty-five, suffering from nocturnal incontinence, great thirst, and morning nausea.—*Amer. Jour. Derm.*

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A PECULIAR CASE.

Editor Medical Summary:—

In the September issue of the *Medical World,* an article by Dr. F. H. Russell, Eldred, Ill., on Coal Oil Poisoning, brings to my mind a somewhat peculiar case of poisoning, and as the doctor suggests that some of his medical colleagues should write upon peculiar cases, I will give you, briefly, a case which because of its rarity, if for no other reason, would rank it among the unique cases. The case has added personal interest because of its being in my own family. Many years ago, when our son was a lad of about seven or eight years of age he drank a quantity of oil of wintergreen. At that time my wife, and sometimes myself, had occasionally made what the boy called "a nice drink" by putting a few drops of oil of wintergreen into a tumbler and after adding a little sugar and water would drink it, or sometimes give it to our friends as a pleasing drink. One evening about 10.30, on returnnig from making a professional call, my wife informed me that the boy was not feeling well and requested me to see him at once. On going to his room I found him extremely nervous and uneasy, constantly raising his arms and bringing them down at full length on the bed, stopping for a moment occasionally, when he would say that he was so tired. On searching the books at my command I found little to enlighten me as to treatment. A few lines in one of my books on practice stated that the patient would be very uneasy, and after about thirty-six hours would begin twitching and jerking, rapidly merging into convulsions, very soon become unconscious and death would follow very soon thereafter. I had a number of cases that required attention, but every minute aside from this I spent at the bedside carefully watching the case. About thirty hours, I think, after the wintergreen was swallowed he began to jerk his arms and legs. This symptom gradually grew worse. I had thus far given nothing except baths. From the outset the skin was extremely hot and dry. Things seemed to be going bad in every way, convulsions were imminent, something must be done. So I did what I thought was the rational thing to do. I gave him a small dose of morphine and continued my vigil. From the first dose there was general muscular relaxation, the extreme nervousness gradually subsided, and convalescence was uninterrupted. A condition of marked debility continued, however, for a long time, indeed for more than a year, the effect of the poisoning was manifest. I was unable to determine even approximately, the quantity of the oil of wintergreen taken. As I recall the facts in the case, there was about two teaspoonfuls of the oil remaining in the tumbler.

The most noticeable features of the case were the almost continuous pounding, raising the hands alternately and bringing them down with considerable force on the bed, intensely hot skin, alternately dry and moist. The clothing would be saturated with perspiration, to be followed by an excessive dryness. At the outset the case was relieved by copious vomiting, the odor of the vomited matter could be detected from an adjoining room. The effect of the poison seemed to be strongly constipating. The feature which seemed to overshadow all others was the rapidly debilitating effect, more than a year being required to remedy this condition.

Should I have another case like this I would, unless some dominant symptoms seemed to contraindicate it, give the following treatment. Empty the stomach, move the bowels as freely and quickly as I would consider consistent, get free elimination by the skin, and counteract the nervousness by as small doses of morphine as possible. The active stage to be followed by a good tissue building tonic.

Should this brief paper fail to instruct, I trust it will at least be of sufficient interest to bring out a few words along the line of *peculiar cases*, for these are the ones that bother us more than any others. With good wishes for the MEDICAL SUMMARY's Editor and its readers, I am, fraternally,

E. W. BOGARDUS, M.D.

Romulus, N. Y.

The cessation of severe pain during the course of acute appendicitis may mean perforation.

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Favorite Prescriptions

We invite practitioners to send us for this page, one or more of their favorite prescriptions. Only such as your personal experience has convinced you to be of practical use should be submitted.

Formulas plainly written on postal card is a convenient way for sending. Always give them in this order, please. 1. Name of disease. 2. The formula and directions. 3. Your name, town and State.

Reader, let us hear from you in time for the next issue of the Summary. It is our wish that the reader take a special interest in this department of the Summary.

TOO ACID STOMACH—VOMITING—FAINTNESS, ETC.

Editor Medical Summary:—

I have just been enjoying a September number of the SUMMARY; will send you an article in the near future. Have not time to-day, but will send the brethren a few of my favorite prescriptions:

WHEN THE STOMACH SEEMS TOO ACID.

℞ Potassium bicarb.....3iv.
H₂O,
Elix. calisaya,
Elix. simp.....āā q.s. ℥iv.
M. Sig.—Desert spoonful directly after each meal, when the stomach seems too acid.

FOR NAUSEA AND VOMITING.

Cut a long, narrow blister, fly blister, say from six to ten inches long, by an eighth to a quarter of an inch wide, put this on alongside of the spine in the lumbar region and watch results.

FOR FAINTNESS, ETC.

Keep the following on hand for faintness or to warm the patient up for any reason:

℞ Sulphuric ether.....℥j.
Tinct. lavender comp.....℥ij.
Tinct capsicum.....℥ss.
M. Sig.—A teaspoonful in a glass of warm (better hot) sweetened water.

ARTHUR L. PARKS, M.D.
Rome, Pa.

FOR WOUNDS—PUERPERAL FEVER, ETC.

Editor Medical Summary:—

The following formulæ have been tested and found valuable:

FOR WOUNDS.

℞ Creolin .....3j.
Aqua .....℥xvj.
M. Sig.—Irrigate, wash or apply on dressing.

FOR PUERPERAL FEVER.

℞ Creolin .....3j.
Aqua .....Oiv.
M. Sig.—Use as an injection night and morning.

PALATABLE CASTOR OIL.

Dr. Emery Lanphear, of St. Louis, Mo., uses the following formula to render castor oil palatable:

℞ Vanillini .....gr. xx.
Olei menth. pep.....3j.
Saccharini .....3jss.
Alcoholis .....℥iij.
Tinct. persionis .....3iv.
Castor oil.....q.s. ad. Oiv.

Dissolve the vanillin, oil of peppermint and saccharin in the alcohol. Add the tincture of cudbear to the oil and shake thoroughly. Finally unite the two mixtures. This mixture looks well, tastes well and is pleasant to take.

J A. BURNETT, M.D.
Arkinda, Ark.

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New Books

All Books reviewed in this department, will be sent postpaid by the publisher of the Summary upon receipt of the price quoted.

ARTERIOSCLEROSIS, Etiology, Pathology, Diagnosis, Prognosis, Prophylaxis, and Treatment, with a Special Chapter on Blood Pressure, by Louis M. Warfield, A.B., M.D., Assistant Superintendent and Resident Physician to Milwaukee County Hospital; Assistant Professor of Medicine, Wisconsin College of Physicians and Surgeons, Milwaukee, Wis., etc., with an Introduction by W. E. Thayer, M.D., Professor of Clinical Medicine, Johns Hopkins University; illustrated with twenty-eight engravings. S. V. Mosby Company, Publishers, St. Louis, Mo. 1912. Price, $2.50.

So many changes have been made in the revision of this admirable work, that the second edition is practically a new book. Two chapters, "Pathology" and "Physiology," have been entirely rewritten and brought up to date. "The Physical Examination of the Heart and Arteries" and "Arteriosclerosis in Its Relation of Life Insurance" are the subjects of the two new chapters that have been added, and these will, no doubt, add to the practical value of the book. This, we understand, is the only English book to-day on this subject, and with the increasing prevalence of this disease it becomes a very important subject.

The chapter on "Blood Pressure" is, of course, an important one in connection with the subject treated and we are pleased to note that this chapter has been wholly rewritten and expanded, so as to give a comprehensive grasp of the essential features. Also several illustrations have been added.

This book is a brief and practical consideration of our knowledge concerning the nature and clinical bearings of arterial disease. It should, as the author states, be the earnest endeavor of the physician to prevent rather than to seek to alleviate symptoms after irreparable damage has been done.

AN ESSAY ON HASHEECH, Including Observations and Experiments by Victor Robinson, Contributing Editor *Medical Review of Reviews;* Pharmaceutical Chemist, Columbia University; Author of "Pathfinders in Medicine. Medical Review of Reviews, Publishers, 206 Broadway, New York City. 1912. Price, 50c.

This book is an important contribution to therapeutic literature, and the scholarly hand of the author is manifest on every page. A copy should be in the hands of every practitioner in the land.

It is one of the most delightful monographs on the subject of which it treats that it has ever been our pleasure to read.

This little book describes, graphically, the personal observations and experiments made by the author in his investigations of Hasheech (Cannabis Indica), and all who have experimented with it know it to be the most curious drug in the whole Materia Medica.

PRACTICE OF OSTEOPATHY, Its Practical Application to the Various Diseases of the Human Body. Third Edition. Revised and Enlarged. Illustrated with 121 half-tone engravings, by Chas. H. Murray, A.B., B.D., D.O., Author of Osteopathic Gynecology, Genuine Osteopathy, The Osteopathic Truths, Practical Health Hints, etc. Published by the Murray Publishers, 465 Douglas Ave., Elgin, Ill. 1912. Price, cloth, $3.50.

It is useless for us to smack Osteopathy in the face, as it will not down, and how much better it would have been for all of us had we simply learned its best ideas, taken hold of them at once, and put them into practice and reaped some of its benefits financially, than simply looked on or scoffed it as being humbuggery, etc.

When the founder, Dr. Still, first conceived the idea of Osteopathic practice in

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that obscure place in Missouri, he hardly could have dreamed of the rapidity with which it has spread over all sections of the country, as its birth dates only from 1875.

The book before us is a copy of the third edition, revised and enlarged, containing 121 full-page half-tone engravings, reproduced from original photographs, fully illustrating the text and giving clear demonstrations of the practical manipulations, so that a general practitioner may readily learn how to manipulate successfully by the careful study of this book. Of course the Osteopathic profession is interested in this practical volume.

We fully agree with the author, that all that is good in medicine should become common property, that all who will may use it. We should be eclectic in its true sense, that is, take the best out of everything for use in the treatment of disease.

This book presents the practical side of Osteopathy in a very plain and simple manner.

PRINCIPLES OF MICROBIOLOGY. By Veranus A. Moore, M.D., V.U.D., Professor of Comparative Pathology, etc., and Director of the New York State Veterinary College at Cornell University. 101 Illustrations. Carpenter & Company, Publishers, Ithaca, N. Y. 1912. Price, Cloth, $3.50 net.

This book of over four hundred pages, handsomely printed on heavy coated paper, is principally interesting as a text-book for veterinary students beginning the study of microbiology. It is not exhaustive, but rather elementary in character. The author says that "The purpose has been to point out the place and rôle of microörganisms in nature; to give the methods for their study and identification; to indicate the relation of certain species to animal diseases; to give a description of the more important species pathogenic for animals; and a brief discussion of the reaction of the tissues to microbian invasion and the theories of immunity. Each of these topics has a voluminous literature, but the undergraduate can familiarize himself with a few of the essential facts and principles only. In recognition of this, the purpose has been to give a few of the more important facts and to explain briefly the essential principles and theories of infection. In order that the volume may be of further aid as a key to the entire subject, numerous references to the literature are given where the student can obtain at first hand the results of original research. Further, a list of text and reference books on the subject is appended."

The author's reputation as one of the leading becteriologists in this country will be sufficient evidence of the practical value of this book, and no one interested can go amiss in purchasing a copy.

CHRONIC RHINITIS.

Subacute and chronic rhinitis is too often treated in a routine manner. It is at best treated half-heartedly, as are many other ailments that we regard as more annoying than dangerous. The compressed air nebulizer adorned every physician's office a few years ago, but is not now so generally used. Properly used it is a good therapeutic agency; improperly used it may cause middle ear trouble and other disturbances.

Alkaline sprays or douches have held the boards in the treatment of rhinitis or nasal catarrh for several years. Many physicians have come to think of catarrhal conditions as being synonymous with Seiler's or Dobell's formula. These alkaline washes may at times do a world of good. Exclusively used, especially under certain conditions, they may do much harm, irritating and drying out the nasal membrane. As a rule watery applications should be avoided, as they increase the swelling and have little influence on the mucopurulent secretions. Oily preparations, as liquid vaseline or albolene, are more satisfactory, for these soothe and feed the irritable mucosa. Menthol, thymol, oil of cinnamon, and other antiseptic and sedative agencies, may be incorporated with the oleaginous preparation.

Unless some other cause is evident do not fail to examine for signs of tabes where an adult complains of pains about the waist, in the back or in the lower extremities.

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Summary Gleanings

Calcium sulphide given to saturation is a good remedy in furunculosis.

Unconscious patients should be catheterized every eight hours.

In nephritis increase in weight means an increase in the severity of the disease.

Soda sulphocarbolate in five grain doses is a good intestinal antiseptic.

Crab lice are immediately destroyed by washing the parts with ether.

Zinc phosphide in 1/10 grain doses is a good remedy for internal use in herpes.

Comp. tinct. benzoin is one of the best applications for sore nipples.

Convulsions in children are quickly relieved by a few whiffs of chloroform.

Sudden collapse after a curettage for supposed abortion may mean the rupture of an unsuspected tubal pregnancy.

Infection of the hair follicles of the nose is quickly relieved by a one per cent. ointment of yellow oxide of mercury.

Florence battery solution well diluted in water is very effective in sweating feet, also as an injection in leucorrhea.

In the dribbling of urine in women past middle life, give one drop tincture cantharides three times a day.

Apocynum cannabinum is a good remedy in dropsy and for albumen in urine during pregnancy.

To remove moles apply with a splinter of wood a solution of mercury nitrate, avoiding the sound skin.

Strychinine is indicated in atrophy of the optic nerve, amaurosis from dissipation and the excessive use of tobacco.

Pushing jaw forward or traction on the tongue will stop the paroxysm of whooping cough.

Equal parts of lime water and sweet spirits of nitre is a good application in poison ivy.

Hydrogen peroxide, diluted two-thirds with some alkaline fluid, is the best disinfectant for the throat in scarlatina.

In neurasthenia, pain in the back is one of the forms of spinal irritation present in that disease.

Backache is not a disease, but a symptom of one or more of a large number of disturbed conditions of the body.

Four drops of oil of cinnamon swallowed dry on a lump of sugar will relieve hiccough immediately.

Formin given internally is excreted by the middle ear, therefore is good in chronic suppuration of the middle ear.

Nothing will sober up a wild drunk or settle a tempestuous hysteric quicker than a hypodermic of apomorphine, 1/10 grain dose for adult.

When the cause of jaundice has been removed, soda salicylate will remove the bile pigment from the blood more promptly than any other drug.

Iodine forms a harmless soluble compound with phenols, and its affinity for phenol is very much greater than that for living protoplasm, hence its unique value for all forms of carbolic acid poisoning.

In cases of anemia or faintness without other apparent cause, inquire concerning the passage of black stools. This condition may be the result of an ulcer or a neoplasm of the small intestine.

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The MEDICAL SUMMARY

A Monthly Journal of

PRACTICAL MEDICINE, NEW PREPARATIONS, ETC.

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THE "PAIN HABIT."

The "pain habit" seems to be constantly growing. There are various reasons for this. Our facilities for relieving pain are versatile. Ready-made remedies for every conceivable ailment can be found at the corner drug store, and even some of the groceries and department stores carry a line of remedies. Thousands of people purchase and take headache tablets without thinking of consulting a physician. While the danger from coal tar remedies is not so great as we once thought, still we find a good many individuals who have a pronounced idiosyncrasy for them. Perhaps the greatest danger lies in the fact that the constant inhibiting of every headache and myalgia in this expedite manner causes the sufferer to become in a measure indifferent to the underlying factors of causation. In time a mild habit for headache remedies may be acquired and sooner or later this habit may call for stronger soporific agencies. He may become in a measure neurasthenic or may develop a penchant for patent medicine. It is an easy matter for neurotic individuals of both sexes to acquire the pain habit, which too often is the subtle, wooing call for calmative drugs.

The over-use of the hypodermic syringe has been the cause of pernicious drug habits being inculcated in many cases. This drug hunger may crop out only at periodic and perhaps far-between intervals. The victim complains of pain localized in some part of his body and is often not aware himself that it is simply the morbid call for drug-alleviation. Again, the person may not suffer any severe localized pain and the symptoms may all arise from psychic impulses. The physician who is called to a new patient to administer a hypodermic for the relief of "gallstone colic," "stomach cramps," "bladder irritation," "hay fever," etc., should go a step farther and investigate the case before shooting morphine into him.

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ASTHMA REMEDIES.

It would require a volume to discuss the various forms of asthma and the tentative remedies therefor. Climate is beneficial if the sufferer can find the right place. A warm, dry climate ordinarily offers the most, although some patients are benefitted after leaving pure air and going to a smoky city. Some patients are relieved by relaxants and others by constricting agencies. Atropine is always indicated when there is an accumulation of mucus in the bronchi, hyperemic lungs, etc. Apomorphine hypodermically in 1/12 grain will usually break the spasm. Lobelia and ipecac are also remedies for immediate use. The fumes of burning nitre, stramonium, etc., may be of service. Glonoin and hyoscine have their favorites. Remedies for chronic asthma must be directed at the underlying cause. We have no specific line of procedure.

SANITATION.

The older a community becomes the more essential are the necessities for strict and scientific sanitation. In olden times, when in defiance of all demands of sanitation, human beings congregated in dense populations, plagues decimated them until but a remnant of the strongest, hardiest and most robust were left to perpetuate a perishing people.

With our own increasing population in the larger cities the sanitary engineers and the health officers are the two active agents who stand between health and disease, and who stay the repetition of these ancient experiences in modern times. Water supply, sewage, disposal of refuse are all problems of sanitation. Sanitation and antisepsis are one. Pollution and disease belong to the same category,—they cannot be separated, and are always linked together as prime elements in the distress that inevitably follows.

If an honest analysis were to be made as to the source of the greatest good to all people, the actual accomplishments of sanitation would loom so large as possibly to be predominant in such an estimate; for, under this science, are included all those measures that have resulted not only in clearing up the etiology and pathology, but have also accomplished the prevention of epidemic diseases that are most highly infectious and contagious and fatal in their character.

Primarily disease is the result of ignorance, and the more enlightened the populace becomes in the laws of sanitary science, in that degree will disease be restricted and abolished. To the true physician there is no field open more prolific of good.

Rats, mice, flies, flees, bed-bugs, mosquitoes, tsetse flies, and others, the active factors in the dissemination of disease, are the offspring of filth and decaying organic matter, for the removal of which they are the scavengers. The source, cause and significance of their presence have been solved by the investigators of the medical and the sanitary expert, and there is no excuse for anyone to neglect the hygienic and prophylactic lessons involved.

The relation of mosquitoes with intermittent and yellow fevers; of the tsetse fly with sleeping sickness; of rats with the bubonic plague; of flies with typhoid fever, and of the conjectured relation of the foul stable-flies and bed-bugs with infantile paralysis,—most of these having been demonstrated as cause and effect, the diseases mentioned are now relieved of that sense of helplessness and uncertainty that characterized their treatment when the true cause of their origin and propogation were unknown.

The tropical possessions now under the rule of the United States are the concrete expressions of the power of an applied sanitary science. Localities that were pest-spots for the incubation of fatal epidemic diseases, are rendered well nigh as salubrious as far more fortunately situated localities in temperate climates. Diseases that were classed as inherent to certain places and climates have disappeared, and where they existed good health now rules.

Sanitation has a much wider application than that which restricts it to the prevention of disease by destroying the source of propogation and dissemination. Material that does not emanate from filth and de-

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caying matter, and which is neither pathogenic nor inherently poisonous, may still be an agent highly prejudicial and destructive to health. Among these are the abrasive dust of the grinder; the fiber-dust of the hatter; the flour-dust of the miller; the coal dust of the miner. In fact, in all occupations there are emanations, exhalations, dusts and vapors of one kind or another that militate actively against the operators in these different spheres. Here, too, the good offices and work of the sanitarian are exerted with the most effective and benificent results.

CONJUNCTIVITIS.

The milder types of conjunctivitis and other inflammations of the external eye structures are often so neglected or mistreated that they may eventuate into serious affections. Many persons are indiscriminate regarding the use of eye remedies. It is not unusual for an individual suffering from subacute or chronic conjunctivitis to try the remnants of any water or ointment that has apparently cured the eyes of another afflicted person. It is appalling when we think what a generous doping with a mydriatic might do for an elderly persón. The injudicious use of ready-made drug-store remedies is capable of doing much harm.

It is quite common among the laity to poultice an inflamed eye, and physicians even sometimes recommend it. It is a tolerably safe rule never to poultice an inflamed eye. If heat is desired—and it often is—it should be applied in the form of a lavage. For antisepticizing the water we seldom use anything else these days but boracic acid. If the inflammation is acute and the eye is red and injected, pledgets of absorbent cotton saturated in a cold solution of boracic acid and kept applied to the eye may prove highly serviceable.

If the condition is dependent upon trachoma nitrate of silver is an ideal remedy and may be used in the proper solution as well as by means of the mitigated stick. When the silver is used all excess should be neutralized by a saline solution. A specially prepared sandpaper is also now used for removing granulations, the eye having first been cocainized.

As an astringent and mildly sedative instillation fluid one grain of zinc and one grain of morphine to the ounce of water is a favorite with many. A little camphor may also be incorporated with it. An inflamed eye should be given rest and must be kept cool, clean and comfortable.

OIL OF THYME.

Oil of thyme is an old remedy and one that is quite dependable for a few peculiar indications. Its therapeutic worth is attested by the fact that it is now the main constituent of two or three proprietaries that are being exploited. The proprietary people are not slow in finding out the good things and incorporating them into the remedies they present to the profession.

Oil of thyme is a volatile oil distilled from *thymus vulgaris,* a shrub that is indigenous in France but cultivated sometimes in American gardens. The oil is a thin, pale yellow liquid having a strong odor of thyme and a warm, pungent taste. A cooling taste is imparted to the mouth after a little while.

This oil is valuable in dry bronchitis and all dry catarrhal conditions of the air passages. Dry, hacking coughs and persistent coughs, among them pertussis, are benefited by this remedy.

Thymol is the important element in oil of thyme, and is a stearoptene occurring in colorless crystals which are feebly soluble in water but more so in alcohol. Thymol in large doses (10 to 30 grains) is a powerful anthelmintic and is considered a specific against the now popular "hookworm." In smaller doses (1 to 3 grains) it is used in gastric fermentation and mild stomachic disorders.

Thymol solution makes a pleasant mouth wash, it being antiseptic and corrective. It is an excellent wash or spray for wounds and ulcers and may be used in a strength of 1 to 1000. It is soluble in 1 part to 900 of boiling water. It is serviceable in removing unpleasant odors of many kinds and is said to remove the odor of tobacco from the breath.

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WATER DRINKING.

The majority of individuals do not drink sufficient water. As an incentive to encourage water-drinking spas and watering places are often recommended to patients by their physicians. Lean, lank, nervous and dyspeptic individuals are usually poor water drinkers. The imbibing of water in regular and generous quantity is desirable if one would be healthy, rotund and possess nerve poise and stability. Copious water drinking will ameliorate if not entirely eradicate constipation, as well as relieve many stomach ills. The morning draught of warm water is of value to many persons, although it should not be imbibed too hot. The alimentary membranes in time gain such tolerance to hot water that it can be taken at so high a temperature as to do much mischief. Denudation of the stomach mucosa and consequent ulceration from over-indulgence in hot water has been known to occur in persons addicted to this form of enthusiasm. It is now thought that there are no objections to water being taken abundantly with meals; the gastric juice is a catalytic body and is not diluted by water or anything else, as was once supposed. We believe, however, that the bulk of our drink should be taken between meals and not with them. Too much water with meals leads to a bolting down of food with insufficient mastication and retarded insalivation.

DANGERS FROM MENTHOL.

A foreign journal states that menthol used in the treatment of nasal conditions is not only injurious and dangerous, but also sometimes fatal. Cases are cited in which the use of a small amount of mentholated oil in the anterior nares for acute coryza in infants has brought on the most alarming symptoms of dyspnea, ending in suffocation. The reflexes are excited by this drug before it is absorbed by the walls of the nasal cavities, causing inhibitory spasm, which may end in death. This drug when used for acute troubles also causes much pain, acute conjunctivitis, pseudo-erysipelas of the face, pharyngeal cough, reflex otalgia and ringing in the ears. Labial and nasal erythema may result in chronic cases and thickening of the nasal mucosa causing obstruction. The writer believes that this drug should be used with the greatest caution, especially in children.

As the acute coryza and catarrhal season is approaching, we would be glad to have reports from physicians concerning the untoward as well as the beneficent results obtained from solutions containing menthol.

GYNECOLOGICAL HINTS.

Sepsis in most puerperal cases starts as wound infection at the vulva or lower end of the vagina and can generally be prevented by moistening the vulva pads with a bichloride solution 1 to 5,000, according to Dr. Ralph Waldo.

The umbilical cord should not be cut until after it stops pulsating, especially when the labor has been severe. Many infants have been injured by too much violence during resuscitation.

A woman should not be starved after delivery. The more food she is given, within reason, the better.

The breasts should never be massaged or pumped, as disregard of this caution may lead to a mammary abscess.

In a general way secondary operations on the perineum should not be performed until the end of at least two months. If they are performed earlier the lochia are apt to interfere with union. It is not necessary to stop nursing an infont for more than a few hours following operations on the perineum. After all operations of the perineum the bowels should be kept freely open.

When possible it is best to operate for laceration of the perineum before the placenta has been delivered. There is less annoyance from bleeding. The best material is chromicized gut No. 3. It cuts less than silkworm gut and does not annoy the patient so much. The sutures should not be drawn too tight, for there is always swelling of the parts that will cause strangulation. A very good needle to use is a full curved three-inch Hagedorn.

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Leading Articles

Brief and practical articles, short and pithy reports of interesting cases in practice, new methods and new remedies as applicable in the treatment of diseases, are solicited from the profession for this department. ¶ Articles contributed for the Summary must be contributed to it exclusively. ¶ Write plainly and on one side of the paper.

The Editor is not responsible for the views of contributors.

SOME SIMPLE AND VALUABLE URANALYSES OFTEN OVERLOOKED BY THE PHYSICIAN.

By B. G. R. Williams, M.D.

Author of "Laboratory Methods, With Special Reference to The Needs of The General Practitioner," etc., etc.

Much time, expense and worry would be saved by the physician were he to invariably equip himself for the more simple laboratory tests. True, many procedures are best left undone, but ofttimes by a simple analytical examination he may make his diagnosis with less effort, or in fact often reach a conclusion by this method alone. This applies especially to the value of the proper uranalysis.

I recall an instance where a patient showed almost every symptom of typhoid fever, and many doctors would have let the diagnosis go at that. This physician, though located in the country, carried out the more valuable and simple urinary tests for typhoid (the Diazo and Russo tests), and finding both of these absent, was inclined to search a bit further. In fact, he made a complete analysis of the urine, during which he tested for bile. He was surprised to find it, and drained an abscess of the gall bladder just in time, though he had had no reason to suspect such a complication prior to this.

The reader may wonder just how he carried out this test, and this is how he did it: He simply gave the bottle of urine a good shaking and noted the color of the foam. It was green. Now, this is one of the most delicate clinical tests for bile. Simple, was it not? And yet this gave him the diagnosis and doubtless saved the patient's life. It did more, for this abscess would have ruptured beyond doubt, and the doctor's reputation would have suffered in consequence. Never forget to shake a sample of urine and observe the color of the foam. If it contains no bile the foam is white; if it contains bile the foam is yellow, brown or green. This test is more valuable, simple and delicate than the nitric acid test, such as is often attempted. You will usually not find bile. Perhaps 1,000 urines will fail to show it. Then it will appear when you least expect it and, as the doctor found above, more than repay for all the shaking you have done.

Do you ever experience difficulty in applying the heat and nitric acid test to the urine? Certainly you do. I recall having seen one man try the test at the bedside of a patient. He boiled the sample in a test tube over a kerosene lamp. During the operation the tube was broken and the liquid spilled upon the chimney, which was also broken. It was necessary to send for a new chimney before the medicine could be prepared. A much better way is to obtain some sulphosalicylic acid from a chemical house (one ounce will last a lifetime) and keep the crystals in a special vial in the handbag. An aqueous solution of this added to the urine precipitates the albumen, even if present only in traces. No heat is necessary, and this does away with the carrying of nitric acid in the physician's equipment. The doctor cannot desert the old heat and nitric acid test altogether, as it is demanded by most insurance companies.

The Russo typhoid test which I mentioned above, is easily applied at the bedside in every case of fever. When it is present, it does not always follow that the disease is typhoid; but when it is absent day after day the disease certainly is not typhoid, and the physician should not remain contented with such a diagnosis. To about a

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dram of the urine in a test tube add about four drops of a 1/1000 aqueous solution of methylene blue and shake enough to mix the two liquids. If the test is positive, an intense emerald or mint green color is noted, but if negative only a faint blue or greenish tinge may be detected. Remember that the test may be positive in other diseases, and that it is more valuable when absent than when present.

The same interpretation may be put upon the new methylene blue cancer test, which likewise occurs in other conditions not malignant. But when this test is absent, it is a fairly safe presumption that there is no internal cancer; and this is often quite a relief to yourself and to your patient. Never neglect it. Add about four drops of methylene blue to a test tube of urine and shake thoroughly. Let it stand aside for twenty-four hours. Run a test of normal urine (your own) alongside it to serve as a control. A positive test is seen when after twenty-four hours the dyed urine if the patient has been decolorized wholly or in part (the uppermost layer in contact with the air is rarely decolorized). Use this simple little test and it will help you some time in a pinch. True, every urine which decolorizes the dye does not come from a patient with internal cancer. Upon the other hand, if you find a case of internal cancer where the urine fails to decolorize the dye, let us know about it, as observations up to date have failed to report such a case. Loeffler's solution of methylene blue, sold by most chemical houses, is excellent for use here.

Some men have considerable difficulty in testing for indican, and yet this is one of the most simple of all urine analyses. Not a single special chemical is needed. Ask the patient to contribute the sample and turn to your stock of drugs for your test solutions. Fill a small, clean bottle one-fourth full of the urine. Then add one equal quantity of pure hydrochloric acid, about half as much chloroform and three drops of good hydrogen peroxide (you should have all of these chemicals on your shelf if you are an active practitioner). Immediately place your thumb over the mouth of the bottle and give it a short but vigorous shaking. Quickly release the thumb, as considerable gas is loosed, and set aside the bottle for a few minutes. The chloroform quickly settles to the bottom, and if indican is present, is colored a dark blue or indigo. This is a very simple but valuable test in certain conditions of the bowel, as the reader doubltess knows. Sometimes if the shaking is not vigorous enough, the blue color appears in the liquid above the chloroform, in which case a little grain alcohol should be added and a second shaking be furnished, when the blue will then be absorbed by the chloroform.

These and many other tests are daily proving themselves of value in diagnosis. It is only the simple and useful tests which will gain favor with the busy practitioner, but if he omits these, he will lose in the end. Our aim is to do our work best and most quickly and then to charge accordingly. The man who masters the short cuts in diagnosis has it over the one who gropes in the dark or works handicapped because he does not know how to use these precise little aids.

Paris, Ill.

[There is no reason why the busiest family doctor should not use the tests which Dr. Williams has so admirably described, as they will save him time and reputation in the end. Unfortunately he is, or has been, too much inclined to turn them mutely over to others or leave them undone. It is the simple and most useful little tests that The SUMMARY is interested in bringing before the man in the field. Who else can furnish us an article bearing on this subject? We will be pleased to hear from anyone who has practical ideas; not theoretical, but such as have been fully tested.—ED.]

CORRECTION.

On page 190, August SUMMARY, in Dr. Field's article, under the head of "The Valley of the Shadow," the words Soplononian and Ranmollis in the 6th and 7th lines, respectively, are meaningless, and should read Octogenarian and Ramollissement.

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THE PRACTICAL APPLICATION OF ELECTRICITY AS A THERAPEUTIC AGENT.—CELLS AND RHEOSTATS.

By J. R. Etter, M.D.

EDITORIAL NOTE.—This is the sixth of Dr. Etter's series of short, practical articles. The first appeared in May, omitted in September number. Each article complete in itself, the entire series when complete, will form a regular *vade-mecum* on "The Practical Application of Electricity as a Therapeutic Agent." No general practitioner can afford to miss a single number of "The Summary" containing this series, which will probably be continued through the coming year, and will give the technique of application minus the theory. We have on hand a few back numbers, and new subscribers may commence with May issue, if they so desire.

There are two quite distinct types of cells used in medical machines. The electrolite in one is acid, while the electrolite in the other is alkaline. The Snee battery is a good type of the first, and the LeClanche of the second. The elements are zinc and carbon in each of the two types. The Snee battery gives off greater amperage than the LeClanche, while the voltage of the two are about equal. There is an objection to all fluid cells for medical use, whether in stationary or portable outfits, and that is the corroding effects of the fluids, or the gases arising therefrom, on metallic substances. Of course, it is possible that those could be placed in a closet or cellar or other receptacle away from the office; but since what are known as "dry cells" have been so well perfected, I would hardly use the wet cells if they were given to me, for an office machine, and positively would not have them for a portable machine. While they are called "dry cells," they are not absolutely so. There is a certain amount of moisture in the cell, or we would have no current; but it is so distributed through the substance in the cell that, though you puncture the cell, but little fluid, if any, will escape, and they are as nearly hermetically sealed as it is possible to make them. The voltage of the dry cells is about the same as of wet cells, but the amperage, or quantity, that the better class of dry cells give off is far in advance of the wet cells — especially of the LeClanche or blue vitriol style cell. In the class of dry cells, is the chloride of silver cell. As to the amount of current given off in proportion to the size of the cell, this probably far exceeds any other cell made, but the expense of this cell almost prohibits its use in medicine. Then we have the storage cell, which is used mainly for cautery purposes. While it is true it could be used as well for any other medical purpose as the other style of cells, yet it is bulky and heavy to handle in comparison to the dry cells; at the same time, it has to be recharged from an electric circuit; but, where current is not taken from a commercial circuit in the office, or where a portable battery is desired, the storage cell is the only reliable cell for this purpose. The cheap cells that are so often sold on the market are so unreliable—that is, they become polarized so easily—that one only has to use them a few times to condemn them.

Meters.—A meter is an instrument used to measure currents. We have volt meters and ammeters—one to measure the voltage or tension of the current, the other to measure the amperage or quantity of the current. In medical practice, the quantity is what is measured, which is done by a milliampere meter, which means one-thousandth part of an ampere; so in medical parlance we speak of so many milliamperes instead of so many amperes of current. Meters are useful in the galvanic current only. As stated in another part of this series of articles, the static, as well as the faradic, currents have been successfully measured as to quantity. Where it is intended to destroy tissue which is not under the eye of the operator, a meter is very often necessary, as in the treatment of fibroid tumors, or other tumors in cavities. But, at the same time, they are not entirely reliable, from the fact that the density of a tumor will require many more milliamperes to act as a solvent than one of less density or of greater moisture. So that, after all, a meter is only a guide to aid us in determining what we probably could not so well guess at otherwise. If it were a demonstrated fact that all tissues were acted on equally by a galvanic current, then a meter would be absolute as a guide, as many authorities now claim it is. I would

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not be understood to object to meters—in fact, they are very necessary in some of our work. A meter should always be attached in the circuit leading to the patient, as the quantity going to the patient is what you desire to determine.

Rheostats.—A rheostat is an instrument to retard an electrical circuit—that is, to lessen the quantity of current flowing from a given point to another point, as from a battery to a patient. A rheostat is generally placed in the circuit leading to the patient. While an ordinary rheostat does not lessen the voltage of a current, it lessens the quantity which can reach the patient, and is one of the necessary accessories of an electric machine. With a rheostat in circuit, the current can be readily adjusted to the needs of the case in hand, either as to the number of milliamperes you allow to reach your patient or as to the effect of the sensation on the patient by an interrupted current. A rheostat is very necessary in the sinusoidal current mentioned in these articles, as there is a certain quantity of current that can be easily demonstrated, the same as steady galvanic currents can be determined. A rheostat, to a certain extent, will also control the faradic current, but this current is usually controlled by the mechanism of the faradic coil itself. There are faradic currents and faradic currents, till one in reading their descriptions is almost lost in a haze of wonderment. Each special shaped trip hammer that has been added to the faradic coils, has much claimed for it that cannot be demonstrated by actual practice. The more simple a faradic outfit is, the less liable it is to get out of order; so, instead of having separate secondary coils to slip off and on the primary, to give different tensions to the secondary, I prefer to have the secondary wound permanently around the primary, and in sections, so that, with an ordinary switch or plug, different lengths of the secondary wire can be put in circuit with the patient. Of course, in this style of coil, the non-magnetic slide over the soft iron core, is used to control the current reaching the patient.

Crawfordsville, Ind.

MEDICAL THOUGHTS, FACTS, FANCIES AND FOIBLES.

By James S. Sprague, M.D.

"Longum iter est per praecepta, breve et efficax per exempla."
Precepts travel slowly, examples swiftly by a short and efficacious cut.

There are other interests in the life of the physician than the incessant and fallacious searchings for "sure cures," and these interests in too many instances have not found mention in our journals, and the result has been, as every one knows, that many subscribers are ignorant as regards their studies in Materia Medica and other subjects equally as important; too indolent for research, too indifferent to the origin and movements of cults—erroneously termed medical—that are disgracing and have disgraced the name of physician and the enlightenment of our times; and the results have been that the great drug houses are supplying us—who do not think—with ready-made cures. In fact, the said houses, by their literature and samples, are endeavoring to make us slaves to their proprietary goods and forget we have national and ethical works on the action of medicines. Fakirs and obnoxious cults are born, live and flourish and our journals say nothing. A very little study and reflection will convince you that in many instances you have given patients "stones" when they in all confidence and in their agony looked to you for "bread." Although "sure cures" are worthy of adoption, yet there are countless instances wherein you are called upon to give opinions and advice—thus a great demand for you to be the cultured, refined and able advisor not only in medicine, but in the field of morals, somewhat in law and in all good interests—for often the world is governed more by ideals than by ideas, and often, even more by the force of example than by those of precepts. Is your daily prayer that of the master-mind Winston, herein named? If not—and you see no merit in the paper, my pleasant labor has been in vain—and our ideals and ideas have had varied mouldings; however, I hope you are not one, who Dr. Geo. M. Gould says practices medicine merely as a

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means of getting on, for money, for fame, for selfishness and success, and is a trai.r to his profession.

In an address by T. ,Clifford Albatt, M.D., Cantab, F.R.C.B., London, Regius Professor of Physic, University of Cambridge, we find a section thereof to which the title "The Higher Life" has been given and which is presented not only to encourage ethical rulings in morals and in medicine, but to illustrate that even the most learned are "poachers in obscure volumes" and are commentators whose erudition would be sterile without researches unless gaining "the gains of various men, ransacking the ages and spoiled the climes." To them the thread is their alone that binds their brilliant expressions—the thoughts of "other men, sleeping, but never dead, they renew in their majesty to meet their own."

Terrence, born 560 A. U. C., of whom Cæsar said *puri sermonis amator*, whom Cicero well characterizes as *"Quicquid come loquens, ac omnia dulcia dicens,"* was a *plagarius* and accounted it a greater merit*"Graecas transferre quam proprias scribere,"* tells us *"Nullum est jam dictum quod non est dictum prius."* Had the literary and even the medical world been conversant with *De Senectute* of Cicero, with Brown's *Religio Medici* and with other classical authorities to which it is needless to refer the Regius Professor of Medicine of Oxford, whom we claim most justly and as honorably as our own, and to whom our late king granted the K.C.M.G., would not have received the unjust censure he in no sense merited. However, it is wise to give authority to our words for each age has its own interpretations, even of the sayings of wiser men whose thoughts were as axioms and venerated, not ridiculed, making life more esteemed and of greater study, the misinterpretations of the ignorant being silenced and averted from evil. "He is the best judge of time who hath lived to see the sixteenth part," says *Religio Medici,* and many wise sayings will bear repeating. Yet, "How many a thing which is cast to the ground when others pick it up becomes a gem! We grasp at all the wealth it was to them, and by reflected light its worth is found."

The "Higher Life" is presented, not that it has been "cast to the ground," but that its worth to which, indirectly, some several master minds, named and unnamed, have lent aid may be continued as worthy pabulum for thought, especially when associated with scholia and annotations of kindred interests and as classical even as the kindly and ethical address of our brother, the Regius Professor of Physic of Cambridge. My references for his address are *Scholae Academicae* and *British Medical Journal,* September 21, 1902. The words of Dr. Albutt, and worthy of perpetual memory, are:

"It was said before Chaucer that the physican was no ritualist. In this audience I am addressing men of many creeds and some, perhaps, who think they have none. At any rate, the physician learns to follow a true instinct in seeking the ideal, not in dreams, emotions or transcendencies, but in the actual, in the high choice and promise of the real. No delicacy, or remoteness, or fantasy can make a false idea into a true one. Yet Professor Lloyd Morgan has well said, "the prime condition of progress is to believe more than can be demonstrated." In the rough and tumble of all callings, however, the high life gets obscured and we have to seek quiet moments when we can enter into that inner chamber of the mind wherein dwells that self by which we differ from all other individuals, for which we are responsible, and yet wherein, by this difference, are—even those whose hearts are warmest—alone. To this end, whether I could or would go to church or not, I have always "differentiated" my Sundays. If I stay away from a place of worship the greater my responsibility, the more my duty to the higher life. Whether your "studies be on the Bible" or with Shakespeare is for each of you to choose, or perhaps both; but for one day of the week be thankful to eschew idle books and newspapers, petty cares and business, and even professional usages which can be postponed, so that we may live one day in the presence of men greater

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and purer than ourselves. And what I say of one day in the week I say also of many minutes in every day; in that inner chamber store some sweet verse, some line of gentle wisdom or lofty thought which, to repeat a phrase with which I began, shall still make the habit of virtue and reason easy and pleasant to us. Then when the new song is sung we may find ourselves among those who could learn that song, for they were redeemed from the earth."

As confirmatory of these fraternal admonitions and encouragements I have hereunto attached scholia agreeable to a higher morality and in a manner agreeable with the title, and in the act consoling myself that when my wife and grandchildren are at the "kirk" I could arrange this sermon for you to read, if not to hear. I find no encouragement in this effiort as I turn the pages of *Religio Medici*—always on my desk when not being read—and the learned brother, its author, says many things which I am knowingly disobeying and those named by Albutt are not followed. Yes, Sir Thomas words are: "It is better to sit down in modest ignorance and rest contented with the natural blessings of our own reasons than buy the uncertain knowledge of thy life with sweat and vexation which death gives every food gratis, and is an accessory to our own gratification."

Lucretius asked this: *Tantum religio potuit suadere malorum?* Sermons countless in number and volumes elaborate are endeavoring to answer this query for the world's salvation. As I am making a "posie" out of other men's flowers, as Montaigne would say it, I weave into it—that is my text—a few clippings form *Literary Digest,* concerning reasons for church-going: "Because it seems to me that the church bears the same relation to right living that the flag bears the patriotism—it upholds an ideal." A lawyer (reader, I ask you to observe this one of a kindred profession) who says that perhaps he should not be expected to go to church at all, replies that he also in church observance follows an "ideal." He writes, I go to church to worship God, and because I know that I can live a higher, a broader and a better life as the result. I am in action a busy man and my religion is rational rather than emotional. But I know that "ideals" are the lever which moves the world, that behind every ideal lies a religious inspiration and that churchgoing is the practical support of all religion. Another (probably not a lawyer) has three reasons. Because of what it stands for: (1) With all of its human imperfections the Christian Church stands for the best elements of life and the highest conception of God known to mankind. (2) Because of its offspring. Nearly all the institutions and agencies interested in the uplifting of humanity are the product, directly or indirectly, of the Christian Church. And most of the people who give their time, talents and money to the support of these beneficent institutions are members of, or results of the life and work of the Church. I want to have a part in this general uplift. (3) Because of its enemies. If a man is to be judged by his enemies, why not the church? The foes of the home, marriage and righteousness, are also foes of the church. All forces which seek mankind's destruction seek the church's vilification.

It matters little, said Dr. H. C. Coe, of New York City, in an address before his medical friends, what is our faith or creed if we have learned the lesson of service, or when it is all over. Some one has defined dogmatism as puppyism, and in the words, I believe, of an ancient jurist, "to invariableness is one of the strongest proofs that can be offered to reason for the infallability of a doctrine." In this respect how different is medicine! In theology the saying of Tertullian is somewhat confirmatory: *Certum est quid impossible est.* Father Vaughan's words are: "Fill a man chock full of spirituality in his early days and in after years he will not forget his early impressions," and this is but a transformation, a metastasis of words for an old saying. Most truly is it that "to the physician more than to the priest, or minister, in this age the mind-weary and mind-distressed appeals," for it is equally evident "this is the age of reason in religion and in medicine." If *"Medicus in omne aevo nobilis"* and the saying of Hippocrates equally true

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that the physician is a philosopher and god-like, it is well for us to consider our qualifications for the "great work," and if not prepared it is evident we are but weak links and unworthy of a seat among the worthy and altruistic workers. If, too, "it is an honor, a privilege and a joy to be a physician," that is, one whose profession is to prescribe remedies for diseases and who is consequently relied on as being skilled in the art of healing; legally a person who has received the degree of doctor of medicine from an incorporated institution, most frequently and most honorably from an endowed state university. This definition evidently silences the claim to "physician" by baseless cults that are a disgrace to this intelligent age and to medical progress, which, too, seek recognition and authority to place their mud gods within our temples.

But why this discussion, which Sagur says illuminates and dispute blinds; this removes prejudices, that rouses passions; and unfortunately from discussion to dispute is but a step. However, medicine sees man as he is, has pity and gives freely to the needy. Law sees man as a corrupted being, as its victim and its prey, even for its pelt.

The Church, with well assured stipends, regards man, and sees him in his penitent moods, when fearful of the grave, the prison's bars, or hangman's knot; it sees him at his best, as Law sees him at his "worst." Medicine, with hope of no promised reward on earth, yet, in Heaven, regards him as a brother, has pity and tells, as does the Church: "'tis only heaven that's given away, 'tis only God that's had for the asking," and that there is no good without God, *i. e.*, as Seneca has it: *Nulla sine Deo mens bona est.* Law, Theology, and Medicine—rightfully named as *the* professions, if united, we stand; if divided, we fall, and if divided and antagonistic, civilization will prove a failure, and the heavens will "peal their last thunders over the wastes of time," so let us believe that "a threefold cord is seldom broken.'" Religion, like Medicine, with their crudities through the dark and middle ages, preserved and still preserve learning. Hallam writes: Such is the complex reciprocation of good and evil in the dispensation of Providence, that we may assert, with only an apparent paradox, that had religion been more pure, it would have been less permanent, and that Christianity has been preserved by means of its corruptions." Superstition then was propagated by ignorance and is yet encouraged by it, and to the public press, when unawed by fear and unbribed, we owe our freedom from ecclesiastical bondage. "What can I do you for?" may say the barister or the barrator, but the church and medicine will say, "What can I do for you?" for we are believers in the Golden Rule, "When man to man the world o'er shall brothers be for all that." Especially so if the *same creed* which the church teaches too frequently and which all men do not generally adopt.

I do not care what may be your particular religion, said Robert Louis Stevenson, but if it consists in torturing or tormenting others I will not say "drop it," for it may be all you have, but at least conceal it lest you injure worthier and better folk. Had we not better console ourselves with these few lines of Sewell: Why thus longing, thus forever sighing for the far-off, unattained and dim, while the beautiful all around thee lying offers up its own perpetual hymn? I know not, says an authority, what the doctor's Sunday religion may be, to what sect he may belong, or to what altar he may bow the knee; but this I do know, that oftenest, perhaps, the working week-day religion which lies deepest in his heart is an agnostic, creedless, humanitarian devotion to suffering humanity. The scales alone of mercy and not of justice are in his hands and his is the Divine commission to go "forth and heal." Nor is he limited to "the lost sheep of Israel." His name may not be on the church books of some particular denomination, but his soul is too wide for such narrow bonds. In the words of one of the world's great men he says: "The world is my country, to do good is my religion." Bishop Whiteley said of us: *"Ubi tres medici ibi duo athei."* And of law there is a saying that "nowadays a religious lawyer is regarded with wonder and suspicion."

With Roscommon

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"I pity from my soul unhappy men
Compelled by want to prostitute their pens;
Who must, like lawyers, either starve or plead,
And follow right or wrong where guineas lead."

Our creed is one of which we have not sworn, yet we obey it. It is "*Divinum est opus sedare dolorem*" and "to have a tear for pity and a hand open as day for melting charity" and a belief in the words of Christ: "I am among you as he that serveth." I recall the words of the illustrious Winston: "I am under bonds to do it. When I offered my professional services to this community there was an implied covenant on my part that, as far as God gave me strength and ability, I would use them for gathering up and digesting all that has been said or written in regard to the diseases to which human flesh is heir, and if I should lose a patient because of ignorance of the latest and best experience of others in the treatment of a given case a just God would hold me responsible for the loss, through inexcusable ignorance of a precious human life and punish me accordingly; and whenever I get my consent to be content with present professional attainments and trust my own personal experience for success, I will withdraw from practice and step from under a weight of honorable obligations which, with my best endeavors to meet them honestly and conscientiously, still sometimes is almost heavier than I can bear." Yes, one is our Master and all we are brethren," and "for their sakes I sanctify myself," for "no one knows but God and I what is in my heart."

In our quiet moments ask the questions and give your candid replies: What am I? And what art thou? What are these moments we call Now? What is our consciousness? And who can sound his own existence? One mission is that we live to live, to learn, to teach and want "a church on earth to-day founded on Acts XV., Jesus Christ and Him crucified, with liberty in non-essentials and love in all things. We want an Evangelical Catholicism, with one spirit and diversity of manifestations," more Christ, less theology and no "Higher Criticism.'

However, in the meantime let us, each of us, make our "Credo" as Longfellow has it: "Live I, so live I; to my Lord heartily, to my prince faithfully, to my neighbor honestly; die I, so die I."

It has been said of Tertullian that every word he spake was a sentence, and every sentence of his was a sermon. Such being possible, it is my hope that in this anthology there may be found many texts and proper words—"*Sermones proprii.*" (Hor. Lib. I. Sat. IV.) And that now and then some brother may give us similar papers.

Perth, Canada.

THE SYSTEMS OF MEDICAL PRACTICE.

(Continued from page 236, October number.)

By G. Curson Young, M.D.

In the eighteenth century a number of medical reformers were born, Dr. Samuel Christian Fredrick Hahnemann, in Meissen, Saxony,, Europe; Samuel Thompson, in Alstead, New Hampshire, U.S.A.; Dr. Whitlaw, in East Lothan, Scotland; Dr. Worcester Beach, New York.

These men created a great commotion in the medical profession by their new systems of medical practice. They were contemporary, but different in their general conception of the change so much needed, although in all essentials they were not far apart.

Dr. Hahnemann took his degree in Erlangen, Bavaria, Dr. Whitlaw took his degree in the University of Edinburgh, Scotland, Dr. Beach took his degree in the University of New York, and Samuel Thompson took his degree in the University of Nature.

About this time, 1795 to 1800, when Hahnemann, Whitlaw, Thompson, and a little later Beach, came before the world with their new, and yet old systems of medicine. The fruits of the introduction of mercury as a medicine, by Jacques Carpus, of Boulogne, were ripe. Paracelsus, who was disgusted with the practice of medicine, about the year 1535, which, as he says, "produced nothing but laming, de-

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stroying, poisoning, murdering, and death." "The great majority of diseases had been enumerated by the doctors as incurable, I determined to abandon such a miserable art, and to seek truth some other way. I set about to learn the art no otherwise than in the great book of nature written with the finger of God. No longer did I pour over the books of the physicians, every pretender among whom has his own hobby. I am now vilified and denounced for not having entered it at the right door. But which is the right one, Galen, Avicenna, Mesua, Rhasis, or honest nature? I believe the last. Through this door I entered. The luminary of nature, and no apothecary's lamp lighted me on my way."

Paracelsus adopted the use of mercury in small pills, and claims to have cured some diseases with it, but it was Jaques Carpus and his disciples who used it to salivation, to such an extent that almost every man, woman and child lost their teeth, ruined their gums and sacrificed their hair, blood, flesh and bones. The Naples disease (syphilis) marched on through Spain, France, Germany, Scandinavia, Poland and Russia. Kings, nobles and peasants were syphilitics. Quicksilver was the supposed panacea. Syphilis was destructive, but mercury was more so, and effcted unborn generations to such an extent that only a few escaped ptyalism, and many children were born with it.

Where there were a thousand victims of *syn-philos* (Fracostoro) Lues Venerea Mercuro, ptyalism in the fifteenth century, there were five thousand in the sixteenth century. Mercury, bleeding, blistering, opium and jalap were the leading agents used as the system of medicine at this time, the beginning of the eighteenth century. It was the unscientific and absolute inefficiency of this prevailing system of medical practice, which induced Hahnemann, Whitlaw, Thompson, Beach and others to revolt against such monstrous ignorance.

Canon Farrar, who was a most ardent observer, investigator, and active in research of mortuary statistics, stated that the death rate was large beyond all bounds under this system, and that more people were destroyed by the doctors than by disease. George Washington one of them, who was bled and blistered to death.

How strikingly similar was the condition of the doctors at the time Paracelsus practiced medicine, to that of the time when Hahnemann, Whitlaw, Beach and others broke away from the darkness and stupid ignorance of the so-called faculty?

Paracelsus says: "I have pursued knowledge even at the risk of my life." Was not this the case with Hahnemann, Thompson, and Whitlaw? "Is there anything whereof it may be said, see this is new? It hath been already of old time, which was before us."

Whilst Homeopathy, *homoios,* (like) *pathos* (feeling) is a distinctive system of application of medicine, such as is properly prepared after the manner of that system. Yet it is claimed, Hahnemann rejected pathology and morbid anatomy and devoted all his attention to therapeutics. With this exception, it was not an entire new system. Hippocrites said: "Some diseases are best overcome when treated by similars, and some by contraries." Haller advised that medicine should be tried on healthy persons first, and Paracelsus included most of Hahnemann's principles, including the *palpable immaterial* and sripitual, but he did not include the *impalpable,* or the potentizing, or the dynomizing of either medicine or disease.

The pathogenetic power of drugs was a pet idea with Hahnemann, and without it his system was helpless, if the infinitesimal dose of a drug is more efficacious as a remedy for disease than a medium or maximum dose. Dosage has ever been a subject of toleration, wavering between the physiological and the remedial effect of medicine.

The sum and substance of homeopathy as a system of medicine is, any symptom produced by any medicine given to a healthy person, that same medicine would cure the disease manifesting the same symptoms. 2nd. Small doses of a single drug given more frequently. Therapeutics more important than a deep knowledge of the cause, or pathology of disease. Consequently, a more exact knowledge of therapeutics and the physiological action of

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drugs. The more attenuated the drug the more efficient in curing disease and the less harmful to the patient. (See Organon, 1883.) Symptomatology the true guide in the use of drugs indicated in any disease.

In justice to homeopathy we must state that the later students of homeopathy are giving more attention to the pathology, and some do not hesitate to endorse the germ theory of disease.

The homeopathic system of medical practice is far from including a perfect knowledge of medicine such as would harmonize the cause of disease, the germ theory in particular, symptomatology, pathology and the physiological and therapeutical curative action of medicine, yet it has introduced many new and useful theories, and some drugs in new form, which has affected the allopathic system of practice to the extent of making it a little more tolerable and much more efficient. Homeopathy will go down in history as a rebuke to the older systems of medical practices.

The most logical and efficient system of medical practice was first promoted by Samuel Thompson, of the State of New Hampshire, who was educated in the University of Nature. By self tuition and general observation he became one of the most successful physicians of his day. Thompson was persecuted and cast into prison for using lobelia inflata as a medicine, on the 10th day of November, 1809, at the instance of one Dr. French, who charged him with murder. But when Thompson appeared for trial Dr. French could not produce any evidence against him and he was discharged.

Samuel Thompson had a complete system of practice. He states: "My practice has invariably been conformable to the general principles upon which my system is founded; and in no instance have I had reason to doubt its correctness or applicability to every variety of disease incident to this country.

"*That all diseases are the effect of one proximate cause, and should be treated upon the same general principles,* is the foundation upon which I have erected my fabric, and which I shall endeavor to explain in as concise a manner as possible."

Thompson visited Philadelphia by request and explained his system to Dr. Rush, Dr. Barton and Dr. Brown. His theory was similar to views expressed by these physicians, and they agreed to adopt Thompson's system of practice. Dr. Benjamin Waterhouse, who was forty years Professor of Materia Medica in Cambridge University, in a letter to Dr. Parker, of Sharon, says: "Your general idea that I think favorably of the labors of Samuel Thompson is founded in truth. Without ever reading the writings of Hippocrates and other Greek physicians, Thompson is imbued with their spirit of closely following nature. Thompson has done great service to the science and practice of medicine."

Thompson, in his theory and system assumes the following grounds, or positions:

1. That heat is life, and cold is death; or, in other words, that heat is the cause of life and motion, and the absence of heat is death.

2. That the constitutions of all mankind are governed by certain fixed laws.

3. That cold, or loss of heat, is a universal cause of disease; and that in all cases of disease, however produced, there is a lessening of the force of internal heat. If the stomach becomes clogged with too much food of an unsuitable kind, and digestion thereby suspended, the natural temperature of the body is lowered, and the patient will become chilly, even in a warm temperature.

4. That when the force of inward heat is lessened, perspiration ceases, and the system becomes thereby diseased.

5. That heat is a friend and cold an enemy, the means employed for curing disease should be such as will help the friend, in order that the enemy may be overcome.

6. That all diseases to which the human body is liable are alike in principle (no pathological difference); that is, in all cases and under all corcumstances of disease there is, to a greater or less degree, a weakened condition of the living force, or principle of life.

7. That fever is not disease, but the manifestation of nature's efforts to clear

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the system of disease. What is commonly called fever is the effect and not the cause of the disease. It is the struggle of nature to throw off disease.

8. That coldness, or loss of inward heat, produces vitiated internal secretions, canker or ulcer on the mucus membrane of the stomach and bowels, which prevents the digestion of food, and keeps the stomach and bowels cold.

9. That whatever will increase internal heat, remove obstructions from the system, restore the digestive forces of the stomach, and produce a natural perspiration, is universally applicable in all cases of disease, and therefore may be considered as a general remedy. The steam bath, lobelia inflata and capsicum are potent regulators, removing obstructions and establishing internal heat. Thompson says: "After much and long observation, with years of experience in trying everything within my knowledge, I at length fixed upon these two remedies."

Thompson immortalized lobelia inflata, which is becoming better known, is in greater demand than ever.

In 1822 Thompson published his "New Guide to Health," a work of three hundred octavo pages, which was submitted to Professor Waterhouse, of New York, and Dr. Rush, of Philadelphia, for their criticism, and they endorsed the system, and said that their views were very similar respecting disease and therapeutics.

This new work circulated very rapidly, at twenty-four dollars per copy. Thousands of copies were sold in almost every State, many in England and on the Continent of Europe. Thompson's system of medical practice was established over the civilized world, notwithstanding the persecution and most intense opposition.

In 1825, Worcester Beach, M.D., New York, came to the aid of Thompson's system of practice, and a few years after published a large volume on American Medical Reform, blending science with facts, combatting the errors and follies of the old system of practice.

Beach's work was handsomely illustrated, and a copy was sent to each of the crowned heads of Europe. In return he received gold medals from the King of Prussia, 1834; King of the Netherlands, 1837; King and Queen of France, 1843; King of Saxony, 1835, bearing the motto "*To Virtue*, and Genius"; King of England, 1836, all expressing thanks that a new and better system of medicine had been found.

At the commencement of the 19th century, men with a message were needed, men conscious of the truth of their message to establish a system of medicine which would overshadow the old and give a ray of hope to afflicted humanity.

Washington, N. J.

RESULTS OF SPINAL INJURIES.

By D. L. Field, M.D.

"The vertebral column is bound together by ligaments and muscles. Nerves radiate from the cord through openings in the processes of the spinal column, which nerves innervate and afford muscular power, strength, and control of the muscular system, especially with reference to the mobility of the muscles connected with the vertebral column. Any interruption or impairment of the nerve supply to these muscles, whether idiopathic pathologic conditions, or from traumatism, which latter may be superinduced by strain, contusion, congestion, or an inflammatory state of the spinal nerves and blood vessels may result in permanent deformity to the verterbræ; and, by insufficient nerve supply, tend to ennervation and consequent atrophy of such may result in permanent deformity to the vertebræ; and, by insufficient nerve supply, tend to ennervation of the muscles of the back, and consequent atrophy of such muscles. Either angular and lateral curvature are likely to supervene from inflammation of the spinal ligaments, nerves, and blood vessels.

Many authorities sustain this view of traumatism as a significant factor in causing gradual deformity of the spine.

From the Reference Handbook of Medical Science I quote as follos: "Severe strains, rupture of vertebral ligaments may produce serious disease of the spine. Sudden compression of one or more of the

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vertebral bodies, without displacement and without severe immediate symptoms, other than a deformity, may be the result of injury, especially falls from a height. Such cases are not uncommon, and are usually mistaken for Pott's disease,—especially as the deformity may not be evident until several weeks after the injury."

Whitman, of England, says: "Traumatic Spondylitis, or a varyfying osteitis of the spine is produced by injury. It is characterized by symptoms of weakness referred to the back, and by a kyphosis of the dorsal region. Motor disturbance of the lower extremities are frequent."

From the American Text Book of Surgery we learn that "Scoliosis," or lateral curvature, is a condition which may be the effect of injury, thereby inducing such a weakening of the spinal column as to lead to such curvature. Where it is idiopathic, *i. e.,* the result of a constitutional spinal weakness, it is thus an effect from a disease of the spine and not due to traumatism; if, however, an adult, who may have a weak muscular support of the vertebral column and should fall from any considerable height, injuring his spine, curvature may supervene as a result.

According to White and Keen, Philadelphia surgeons, "A luxation of the vertebral column may be the effect of producing various deformities and the injury in all cases is a very serious one. Spinal curvatures are common among those of congenitally weak spinal columns from early years to eighteen years of age; but rare in middle life. When curvature occurs in middle life, it is the effect of strain, contusion from a fall, or from inflammatory conditions resulting from ligaments and muscular injury to the ligaments and muscles supporting the vertebræ. Such ligamentous and muscular inflammation may produce such contraction and distortion of the spine as to cause either angular or lateral curvature."

Jeffersonville, Ind.

Abraded spots on the feet from ill-fitting shoes may be covered with flexible collodion, after which the shoes may be worn with greater comfort.

WHY ANY THERAPEUTIC NIHILISM?

By George L. Servoss, M.D.

In the days of our forefathers, and until within recent years, drugs were employed, with success, in the treatment of disease. The clinical facts were taken as a guide, and but little, if any, dependence was placed in laboratory experiments. The findings of the doctor, at the bedside, were taken as matters of fact, and it was his observations which ruled. Within the past few decades, with the advance of science, we find that many drugs, which our forebears found of value, have been cast aside, and others have been placed in the questionable class, in so far as any practical value might be considered. Much of this has been done by the ultra scientist, the man who has had but little, if any clinical experience and who has based his arguments upon his laboratory findings, and those alone, in many instances.

Because of the acceptance of the laboratory experimenters, and the lack of consideration of the clinicians, much faith in drugs, and their efficacy, has been lost. Experiments within the laboratory have established, in some instances, the physiologic effects of drugs, without much, if any, attention being given to obtain anything of a therapeutic effect in the handling of drugs in the experimental stage. But little attention has been given to the application of drugs in pathologic conditions, most experiments having been made upon healthy animals. It is a fact that most drugs exhibit a different effect when applied in the face of a pathologic condition, than when all things are normal. This has had much to do with therapeutic nihilism which has followed when laboratory findings have been accepted as final.

In many instances, when drugs have been classed as worthless, there has been no clinical report accompanying that of the chemist, and no account has been taken of the use of such agents in the face of a pathologic condition. The chemist, or physiologist has said that such and such a drug shows absolutely no reaction, when applied to an animal in health and consequently

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must be inactive under all conditions. It is undoubtedly a fact that, prior to the establishment of the ultra scientific in medicine, we had better doctors, in that they knew from experience that certain results would follow the exhibition of certain remedies. These men did not listen to the teachings of other than clinicians and based their application of drugs wholly upon such observations. As a consequence, these men obtained results speedily, and usually happily. Of course, as many will contend, their drugs were crude and their methods of practice were far from scientific, in that everything was emperic and based upon observations rather than upon absolute tests.

Many of the therapeutic nihilists will call your attention to the fact that the mortality rate is lower to-day than it was a century ago, but this is not due so much to the treatment of disease, when established, as the prevention of the occurrence thereof. To-day we find the sanitary conditions much better than they were in our childhood, and likewise we find that the majority of people are taking better care of themselves than they did even fifty years ago. It is not so much in the way that diseases are treated that has to do with the lowered mortality. The facts of the matter are, that the sick die as regularly to-day as they did half a century, or a century ago. In fact, in the face of the lack of use of drugs in the so-called "self limited" diseases, it is to be seen that the mortality is just as high to-day as it was several decades ago.

It may, or may not, be true that we have no absolute specifics for the relief of specific conditions, but this has not been absolutely demonstrated. It is probably true that there is a remedy for every pathologic condition, providing that it may be discovered and isolated, and it is very probable that, sooner or later, we will have a list of specific remedies which will tend to lessen the mortality from specific diseases, as well as shorten their term. There are many conditions common to all diseases and we have remedies, even to-day, which will bring about relief, if properly administered according to indications presenting. Our forefathers in medicine undoubtedly recognized the indications much better than we do of the present time, as they based their successes upon the proper treatment of pathologic conditions and it was indications and the drugs which would bring the best and quickest results, that interested them. They knew that certain of the specific diseases had a limit, but they did not let that fact worry them, as is the case with many of the modern practitioners. They, as soon as the indications were apparent, adopted measures which would bring about a termination in the speediest manner possible. They did not practice expectant medicine, but curative therapeutics.

To-day we see a revolution taking place in the treatment of pathologic conditions. This is possibly not because of desire upon the part of the therapeutic nihilist, but the demand of the patient, that something be done to relieve him, and that in the quickest possible manner, as time is worth money at this period of the world's existence, and no one can afford to remain ill any longer than is absolutely necessary. This demand of the patient forces the doctor to do something, and he who believes but little in drugs and their efficacy, and who, because of this, is not well prepared to meet indication, through lack of knowledge of true therapeutic drug action and effect, is frequently at a loss to meet and combat with even the simplest diseases.

There is no more reason for therapeutic nihilism to-day than was the case half a century ago, or a century ago, for that matter. We have the same drugs, although in improved form, as had our fathers and we have the same indications to meet as did they, and if they were successful in combatting disease, even in the face of faulty sanitation and hygiene, why should we not meet with equally as good results as did they? There is absolutely no reason why we should not. That is, providing we are able to recognize symptoms and indication, and know what drugs will give the results that will restore the normal.

If we continue listening to the physiologic chemist we will undoubtedly remain in the nihilistic class and consider drugs as practically worthless. If, however, we give more attention to clinical findings and

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base our use of drugs upon these, we will lose much of our nihilistic tendencies. The laity demands that we do something, and we must know how to do it, else we lose the confidence of those whom we would treat.

Much of this nihilism has been due to lack of proper training in things therapeutic, within the past two or three decades, within our medical schools and many young men and women have been thrown into the practice of medicine with but the mediocre idea of even the physical conditions of the agents employed in the treatment of disease, much less a thorough understanding of their physiologic or therapeutic effects.

Too many "ready-made" formulas for the treatment of specific conditions have been offered, and not sufficient attention has been afforded the indications. frequently common to many diseases. These formulas have been applied regardless to the exact indications and with the result that many terminations have been otherwise than satisfactory, either to doctor or patient. Today we find a different state of affairs coming in vogue. The student is not only taught the characteristics of drugs, but is acquainted with the indications under which they should be employed. As should be the case, we find that indications are met properly, regardless of the specific disease which may be present. It has been found that the treatment of the different diseases in such manner frequently aborts or abates their fury, and that, in the majority of cases the patient reaches convalescence in much better condition than if nature is relied upon wholly, as is the case when the expectant plan of treatment is followed.

There is every reason why nihilism should not exist in connection with therapeutics. Primarily, drugs were given us by nature, to meet certain abnormal conditions, and we should, because of this, employ them to the best of our ability. We should know them as we know our alphabet and how to place them so that they will do their best work. Secondarily, if drugs will shorten the term of disease, they should be employed, as it is of interest, both to the doctor and patient, that the latter be placed upon his feet in the shortest possible time, and in the best possible physical condition.

Every medical practitioner should study drugs as he would surgical procedures and be as well posted in the use of therapeutic agents as he is with the knife, and it is possible that, if he becomes so posted as regards the former, that the latter will not be so frequently required. Not infrequently does it happen that one or more therapeutic agent, employed early and to meet certain indications absolutely, will overcome the necessity for surgical interference. This may not be true in all instances, but is absolutely so in many others. If the body is kept functionating normally there will be no obnormal conditions which will arise and call for the knife, and the normal may be retained if drugs are applied early and to meet indications in a proper manner, as they arise.

The laboratory will always remain a necessity in the determination of the physiologic effect of the different agents employed in medicine, but too much dependence should not be placed therein. We should take cognizance of the clinical findings, in addition to those of the laboratory, and the former should, in the vast majority of instances, govern our use of therapeutic agents, as we use them to obtain therapeutic, and not physiologic effects and actions. When this plan is pursued and indications and the agents for their relief are better understood, there will be but little heard of therapeutic nihilism.

Gardnerville, Nevada.

Equal parts of spec. tinct. of belladonna and nux vomica given in half to one drop doses for children from seven to twelve years of age, three times a day, is very successful for enuresis.

Doctor, we always welcome a report of your little experiences and discoveries arising from every day practice. You need not attempt to take the pains to make your story sound bookish or even scientific.

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THE MORPHINE HABIT AND ITS TREATMENT.

By C. E. Patterson, M.D.

Some nineteen years ago I accepted my first drug patient for treatment. As I look back now, I can readily understand the saying "That fools often venture where angels dare not tread." Such was surely applicable in my case at that time, as well as in many at the present time, who are pretending to cure such cases that have not the least conception of a cure, but, as drowning men grasp at straws, so do those who are caught by the wily drug, morphine, grasp at the lurid lies set before them by dishonest money grabbers, and, I am sorry to say, those ads. do not appear in newspapers and magazines only, but also in medical journals.

But to resume the subject proper will say, I did not solicit my first case, but it really forced itself upon me, and, having read theoretical articles from medical journals by men whom I supposed at that time must be authority, I really thought that by the use of a few doses of co. tr. red cinchona combined with tr. avena sativa as a nerve and general tonic, with a few doses of passiflora incarnata to make your patient sleep, the opiate would drop out of the patient's mind like a snowball would disappear in a July noonday sun. But, oh, what a surprise and disappointment I ran up against, not only in one way, but in several! First I had a patient with me who in general practice as their family physician I had always done just as I agreed. But now, by making promises through confidence in articles appearing in medical journals, by those whom I thought ought to be authority, alas! alas! how I had deceived him. And now, let me say right here, there are hundreds being deceived to-day by those theoretical medical journal articles where there was only one nineteen years ago. These theoretical articles telling you to just dope your patients with hyoscine, bromides, yes, and even heroin, are delusions and snares, and furthermore, are causing many deaths to-day among patients, so addicted, and scarcely one if even a single cure is effected. But that much-advertised sanitarium or institute has got your money, and the patient is tickled nearly to death to get out even alive, and, rather than let the world know they ever were or are at present drug additcs, are willing such institutes shall keep the money which they have virtually stolen. And the men who run the institute profit by this knowledge, and thus continue their business of drawing blood money from the worse than victims of fate.

Continuing the story of the treatment of my first case, will say, I finally picked up a brochure, of Mattison's, of New York, on the treatment of morphine habit with the bromide of soda, and, after paralyzing the patient, took the opiate away. But was she cured? No! No! a thousand times No! For as soon as the bromide got out and her strength began to return she was just as nervous as though I had simply taken the opiate away without any treatment at all, and she had to resort to it again. Now, from that experience I formulated my plan of treatment for the future for those cases, and have continued it to the present time. My reasoning was like this: If I get lost in a forest and have no compass to guide me, the only way I can get out is to take my tracks back. Some who are advocating one of these presto change treatments are the same as recommending an airship to the one lost in the forest. But airships are scarce, mighty few who can man them, and a mighty poor place to launch one in the depths of a forest. Hence the reasonableness of one about the same as the other. Now, having formed my basis of reasoning, I said my patient must have sustenance while returning on the back journey. Hence I began at once to support the weakness as they start back down the line toward the place from which they started. What was one of the first weaknesses I saw?? A weakened and quickened heart. Then the suggestion, support it. If you would build a nerve center you must increase the power of the organ forcing blood or nourishment to those centers. Hence, one of the first indications in any nerve weakness is to strengthen the heart. To do that, you will sometimes act directly upon the heart, by using the special heart tonics or stimulants as necessity demands,

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which you will find in the drugs spartein, digitalin, cactus, hydrastin, caffein, etc., while indirectly you will use strychnine, brucine, physostigmine, ignatia, etc., making your choice according to the case you are treating. After learning all about my case I make my combination of drugs as the case will require, always aiming to make it, if possible, so as to use it hypodermically, for it is almost impossible to get some of these cases to take a single dose of anything by mouth.

In these cases you will also find a hypersensitive condition of the nerves. Another indications: what is required? One of the mydriatic group certainly is indicated to hold down that sensitiveness. Sometimes atropine, sometimes hyoscine, daturine, etc., according to the case you are treating. Occasionally you will find a case that cannot take the smallest amount of atropine, and will take hyoscine very readily in extremely small doses; then again the reverse. I scarcely ever have to use the daturine. After you have found what your patient needs of any one of these I combine it in my original hypodermic solution, in dose adapted to the special case. Another indication in some cases. looseness of bowels, extreme pain in bowels, limbs. etc. What is the trouble? I have pulled the morphine faster than I have builded the nervous system, hence I must check on my morphine reduction. I am going too fast.

Now, another idea presents itself as a basis of reasoning. Men in general are subject to the dictates of their material minds, or the minds of others. Hence most, if not all men, are under the power of suggestion, either of themselves or others. Following a custom, is suggesting to yourself. The Self is the subjective mind, which is the ruler of the body. Now, if a body is subject to ten grains of morphine a day it will call for so much. If to fifteen grains, it calls for that much. Hence, why not turn the scale and make it a little less instead of more, subjectively? If the law will work one way it certainly will the other. Do not make the difference so great that you cannot meet it with your helpers that you will have, according to your knowledge of Materia Medica, and the action of drugs upon the various temperaments. Do not think for a minute there is some fixed formula you can use upon the various ones who apply to you for treatment, for what may be a helpful dose to one may act as a poison to another. Then, again, do not think that you can treat drug addicts and know nothing of other diseases, for let me say to you, when you treat these cases you have got to have a knowledge of every disease flesh is heir to, so as to be ready to assist in some way with remedial aids, so as not to have to use increased amounts of opiates.

Now, with the plan outlined, and as near all told as can be, without taking you along with every individual case, will say, I have certainly made a success of the treatment of these cases, and just exactly as I have stated, and in but few cases have I ever had to debar a patient from the privilege of coming and going as he chooses, except that he always had to be on hand at treatment time, and that was four times a day. I do not employ a single nurse in my institution, and never have had to, in nineteen years. There is a certain class that neither I nor any one else can cure, and that is a class that does not want to be cured. You can drive hogs to a watering trough, but you cannot make them drink. There are some who do not want to be cured. Then again you cannot cure one with consumption. If you could you could also cure consumption. Neither can you cure a case with hystero-epilepsy, as I have just experienced. There are some other cases that cannot be cured, which I would gladly tell the readers of The SUMMARY about later if permitted, and will say in conclusion to the profession, should such a case apply to you for help, do not say as many do, there is no cure for you, only to stop it. for there is, and just as I have outlined. Look out for these cures that have eliminating rooms, that the patient goes into for a week, for they may eliminate you from the earth, and you certainly are not ready to leave, as long as you take drugs. A word to the wise is sufficient.

316 Michigan Avenue,
Grand Rapids, Mich.

For nervousness combined with sleeplessness, gelsemium and hyoscyamus may be used with very good results.

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Medical Gleanings

Under this head we endeavor to present a Condensed Summary of Practical Medicine, drawn from the best and most reliable sources, thus saving our readers much labor in winnowing out from the chaff, medical grains of real value.

TOXIC EFFECT OF MAGNESIUM SULPHATE.

Dr. James P. Prestley, of Newton, Ill., in a recent issue of the *New York Medical Journal,* says: "I desire to call the medical profession's attention to the toxic effect of magnesium sulphate on the heart's action. I have had but two cases where I have recognized this effect. One in a woman, aged fifty-two years, of rather nervous temperament, no heart lesion discernable, who received about two drams of magnesium sulphate in a half glass of hot water on an empty stomach. About an hour afterward, I found her suffering from extreme dyspnea and feeble, radial pulse. A hypodermic injection of strychnine nitrate, 1/60 grain, relieved the symptoms in a short time. As I could find no other cause for the sudden and alarming dyspnea with the feeble pulse, I could attribute it to nothing but the possible toxic effect of the magnesium sulphate. Having occasion to prescribe for the same patient a few weeks afterward, for an attack of slight diarrhea, I thought I would again use the magnesium sulphate to confirm my theory of its toxic effect in her case. I gave her a heaping teaspoonful in about one-third of a glass of hot water. In about twenty minutes the same symptoms of dyspnea and rapid, feeble pulse manifested themselves, and I again resorted to the use of the strychnine nitrate, 1/60 grain, hypodermically, with good results.

"The other case happened some two years ago, and, while not recognized as a possible poisoning from this same commonly used drug, I feel now that the patient (a boy of thirteen years) was very susceptible to the toxic influence of magnesium sulphate, and I failed to diagnosticate the cause."

HYPERACIDITY.

In some cases symptoms of chronic dyspepsia are associated with an excess of hydrochloric acid and ferments in the gastric contents. While hyperacidity may be a symptom of gastric and duodenal ulcer, it must be remembered that not infrequently it occurs in the absence of any gross organic lesion of the stomach.

Rest, either in a bed or on a couch, is advisable. The diet should be easily digestible, and citrated milk, or milk containing 1 dram of bicarbonate of soda to the pint should be freely given.

A mixture:—

Bismuth carb.....gr. x.
Magnesium carb.....gr. x.
Sodium bicarb.....gr. xl.
Aq. chloroform.....ad. ℥j.

should be given one hour after meals.

In some cases the taking of olive oil, a tablespoonful before meals, is of value.

The patient should avoid spiced foods, condiments of all kinds, also soups, and meat extracts.—*Polyclinic.*

MASSAGE IN SKIN DISEASE.

Dr. Rosenthal believes that massage has not received the attention it deserves in the treatment of skin diseases. He says it has great influence upon all anatomical parts and on the physiological functions of the skin, especially upon the regeneration of elastic tissue. Massage should be used in all affections which are the result of hypertrophy of the collagen; it regulates the blood and lymphatic system, exetring a beneficial influence upon the nervous elements of the skin. Massage, furthermore, is effective in the hypertrophies of the sebaceous glands and increases tonus and metabolism.

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RECURRENT HEAD COLDS AND NASAL CATARRH.

Recurrent head colds and nasal catarrh are most often caused by abnormal anatomical conditions in the nasal cavity. In chronic rhinitis the inferior turbinals are too rosy-red, rotund and resilient, secrete too much sero-mucus discharge, and the nasal passages are diminished and partially blocked, especially on lying down. In hypertrophic rhinitis the turbinal is enlarged, but more firm in its consistency, less red and resilient, but still it over-secretes. In atrophic rhinitis the turbinal is non-existent or very small and usually covered with septic crusts.

To cleanse and moisten the nasal cavity this prescription is recommended:

℞ Sodium chloride, Sodium salicylate āā gr. xlv.
Potassium chlorate, Sodium borate.... āā gr. xcvj.
Glycerin .....3j.
Water .....3vj.

M. Sig.—Two teaspoonfulls should be added to one ounce of warm water and used to spray or sniff up the nostrils occasionally.

When fetor is present a combination of carbolic acid, 1 grain; and sodium bicarbonate, 4 grains, to the ounce of warm water is recommended. Sulphate of sodium, 20 grains to the ounce, is also advantageous for dissolving away purulent discharge.—*Medical Times.*

CARCINOMA OF THE STOMACH.

This condition may be indicated by the symptoms, by the presence of a palpable tumor, and by the character of the gastric analysis

This will show absence of free hydrochloric acid, the active hydrochloric acid is almost always below 1 per cent. Organic acids may be high, especially in carcinomia of the pylorus. The ferment activity is reduced. Lactic acid and mucin are commonly present.

This character of the gastric contents associated with persistent dyspepsia and a palpable tumor make the diagnosis almost certain.

The diagnosis having been made, the treatment usually resolves itself into palliative treatment, where the patient is given light diet, such as peptonized milk, light soups, jellies, etc.

For the pain, morphine should be given in doses of 1/10 of a grain every six hours. This may be conveniently given by the mouth.

TREATMENT OF ACUTE RHEUMATISM.

Dr. Ralph Morrill, of Lincoln, Neb., believes that the intensity of the attack in acute rheumatism depends largely upon the condition of the gastro-intestinal tract, which must have constant attention.

He calls attention to the value of kava-kava in the treatment of intestinal indigestion. The doctor's prescription for acute rheumatism is as follows:

Kava-kava .....3v.
Macrotys .....3iij.
Potassium citrate.....3iv.
Elix. pepsin..... q.s. ad. ℥iv.

Dr. Morrill prescribes one dram of the above, well diluted, every three hours.

He claims that this treatment will prevent all cardiac complications.

He gives no salicylates in acute rheumatism, but it might be suggested that where there are the proper indications, one of the natural salicylates—either sodium or strontium might be advantageously combined with the above prescription.—*Therapeutic Digest.*

LINIMENT FOR RHEUMATISM.

Oil wintergreen,
Spirits chloroform.....āā ℥ss.
Soap liniment.....℥iij.

FOR PAINFUL AND RHEUMATIC JOINTS.

Salicylic acid.....3j.
Menthol .....gr. xxiv.
Lard .....℥j.

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Notes and Queries

For this Department we cordially invite Questions, Comments and Criticisms on all Topics of interest to the Physician in his daily work for relief of the sick, thus making the Summary a valuable medium of communication between the medical profession.

Correspondents will give their names and addresses, but initials will only be printed when desired.

The queries in this issue await the Answers which our intelligent readers may be pleased to contribute for publication in our next.

"THE BUSINESS SIDE OF MEDICINE."

Editor Medical Summary:—

I am in accord with Dr. Haase's sentiments, page 251 October SUMMARY. I say "away with sentimentalism in the practice of medicine." Let us be charitable towards those who deserve it, but let not the press and public run over us. You cannot open a newspaper without finding some medical advice to the public. I say "away with medical education of the public!" It all comes out of the pocket of the doctor in the end. There is hardly a dresser or a wash-stand in a house in the United States but has a bottle of peroxide. I have seen peroxide do just as much harm in the hands of the the laity as good. Who is behind the sale of the stuff? the manufacturer, of course. The same holds true with aspirin. First it is advertised to the doctors and then to the laity. The doctors err in regard to their rights, the most petrified and phlegmatic people in existence to-day. The laborers even have their union and stick together. The doctors knife each other; when not openly then under cover. They are so afraid to stand up for their rights and privileges. What protection does a doctor receive anyway from his state board or society? I came here to Indiana on reciprocity and it cost me $60.00. I have practiced twenty years. What do I find in the State of Indiana? I find that a doctor's bill counts for less in the eyes of the court than a saloon keeper's bill or a lawyer's bill or a grocer's bill. In fact it is not collectable at all by law, unless the debtor has more than $600.00 coming. This is the protection a doctor receives in Indiana. It is claimed that the labor unions influence the Indiana legislature in such a way as to prevent the passage of a just Carnagie law.

Then there is the Owen bill. The Owen bill may be all right if it is carried out with justice to all. But will it be? Let politics and medicine get mixed and you will find yourself—unless you know the dirty germ go-towing to some political-medical appointee in your town who will dictate to you what to do and what not to do. Let us not wait for the rewards in a life to come, but let us get a little of it right now, and let us be "ethical" to our family.

KARL GREINER, M.D.

Hammond, Ind.

BIBLICAL TRUST.

Editor Medical Summary:—

"Surely He will deliver thee from the snares of the fowler, and from the noisome pestilence. Thou shalt not be afraid for the terror by night, nor for the arrow that flieth by day; nor for the pestilence that walketh in darkness; nor for the destruction that wasteth at noon-day; there shall no evil befall thee; and no plague shall come nigh thy dwelling; for He shall give His angels charge over thee, to keep thee in all thy ways. With long life will I satisfy him, and show him My salvation."

There is abundance evidence that an upright, virtuous, righteous life is the only one which promises health and long life. It is not only a Biblical truth, but a physiological fact. In this age of ungodliness, fast living, defiance of physiologic law, it is no wonder so many go to premature graves! Be virtuous and be happy. It is not true that "the good die young." It is true, however, that the wicked should die

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young! "So teach us to number our days that we may apply our hearts unto wisdom."

It is a trite saying, although hoary, that "an ounce of prevention is better than a pound of cure!"

How shall we prevent disease? By right living? It is living temperately, morally, systematically, regularly, and according to physiological laws! People live too fast now-a-days. Put on the brakes, and slow down!

D L. FIELD, M.D.

Jeffersonville, Ind.

REMINISCENCES OF A COUNTRY DOCTOR.

Editor Medical Summary:—

Having been engaged in the study of medicine for over half a century, and being in constant practice for forty-eight years, we have lived to see great changes, and we believe great improvements, in general practice, and more especially in medication. Instead of the galenical preparations being the main reliance of the practicing physician, the alkaloids are fast taking their place. There are good reasons for this change of practice.

In the first place, if we take any medicinal plant and obtain an extract from it, we have a composite mixture, the different ingredients of which it is composed varying in amount, strength and effect; some of the different ingredients having a contradictory action.

Second, the alkaloids having a definite strength and action we can so apply our medicine as to obtain definite results. Our diagnosis may be inaccurate, hence the remedy applied may be a wrong one to obtain a proper result.

Just here I would pause to state that it is not alkaloids alone that are used in alkaloidal medication; there are other remedies. Among them are found resinoids, glucosides, acids, salts of various metals, extracts, and various chemical combinations and other substances which cannot be classed with the above, as pepsin, diastase, iodoform, nitroglycerin (glonoin), camphor monobromide, etc.

To resume: In the beginning of our treatment of morbid conditions we need not wait for a perfect diagnosis before applying remedies. The physician can at once administer such medicines as clinical experience has proved best suited as treatment against the most prominent symptoms. This may be called the symptomatic treatment and may be continued throughout the course of the disease. The dominant treatment is that which is calculated to either neutralize or do away with the cause or causes of the diseased condition, and the restoration to the normal.

In the operations of nature, throughout organic life, there is exhibited a uniformity of design, that, if understood, will be the means of unravelling many—if not most—of our pathological agricultural problems. From the lowest forms of life, revealed by the microscope to highly developed man—"made a little lower than the angels"—we find that the processes of absorption, secretion and excretion is common to all. All organic bodies are alive throughout their ultimate cells and electrons. But do not remain so indefinite, else we would live on forever. As they perform all the operations of life by virtue of their own inherent, self-contained vitality, and in thus doing these cells and electrons loose, in the performance of their particular function, their vitality and die.

In consequence of this death there is a continuous accumulation of dead and poisonous material in the organism that must be removed.

We believe that the time has come when the subject of the excretions of the human body will be recognized as second to none in importance. We wrote an agricultural article the other day and sent it to the U. S. Agricultural Department. One of the points we made was this: "Plants, as a rule, are distinguished from animals by the fact that they are anchored to the spot for life, where they commence their existence. Excreting, both from leaves and roots, the worn out and effete material of their structures, the result of their life work, they very soon have their roots surrounded by decomposing organic material.

Now each plant excretes material that is mainly poisonous to its own structure.

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Hence we find that successive crops of wheat (or any other plant), are less in amount, and that the remedy for this was a succession of crops of different kinds of plants; giving as a reason that as chemical analysis showed no loss of plant food, it must be that the wheat ground having been poisoned by the excretions of the previous wheat crop; therefore, time must be allowed for the decomposition of this poison, or another plant, not affected by it, must be substituted for it as a crop. Moses understood this when he decreed the land should rest every seventh year."

Now, in the human body each cell, as it dies, must have the materials of which it is composed removed or they will act as an irritant to adjacent living cells, hence we have an excitement set up we call inflammation, resulting in an increased flow of blood to that part.

I had just written the above when my mail brought me "Helpful Hints for the Busy Doctor." On the cover was the following :

"At least two-thirds of all sickness is due to decomposition or fermentation of food-waste in the alimentary canal, as a result of which toxic bodies are formed that set up one disease-condition or another, either locally, by irritating the mucosa, or remotely, through being absorbed into the blood-stream and then acting as direct poisons to every body tissue."

That's true as the gospels, and, being true, is behooves us to—

"Clean out, Clean up, Keep clean."

Sound advice is this, and a host of doctors in the busy field of practice are coining it into results every day.

That has been the "Abbott Slogan," for the past fifteen years, and every day confirms to my mind its value as a "War Cry."

A. T. Cuzner, M.D.

Gilmore, Fla.

In case a sudden rise of temperature accurs during the puerperium, clean out the bowels. If temperature persists look for placental fragments in the uterus. If the removal of these does not relieve, there is probably streptococcic septicemia.

THE AGE OF THE OVA AT THE TIME OF THEIR IMPREGNATION.

Editor Medical Summary:—

I will say that I was the first to advocate the theory that the sex of the infant depended on the age of the ovum at the time of its impregnation. I advanced these theories in the *Buffalo Medical Journal* in 1855. I now merely write to say that the domestic bull crossing with the bison nearly always produces cows; I will say that it is because the domestic bull is fearful of the buffalo cow, and therefore neglects the cow till the ova becomes very, very mature, and therefore the products are females.

I observed that where but one buffalo bull was placed with half a dozen buffalo cows the calves were nearly always males. I will say the reason is because the bull consumes no time in fighting, and therefore does not neglect the cows and impregnates the ova while they are very immature, or recent.

Silas Hubbard, M.D.

East Aurora, N. Y.

HAY FEVER AND ASTHMA.

Editor Medical Summary:—

It's "rose catarrh" in the spring; hay fever in harvest times; and asthma almost any old time; but especially bad in August and September, till frost. Sometimes it appears almost instantaneously, on a certain day in the month.

There are certain exciting causes, and the neurotic elements predisposes to an involvement of the respiratory nerve centers, rather than to a mere nasal catarrh. Where the force of the hay fever involves the centers of sympathetic system, we have fearful asthmatic attacks.

And now, what is the treatment? I have frequently been called up at night to see great sufferers with asthmatic paroxysms, and a hypodermic of morphine ¼ and atropine 1/150, would relieve the symptoms in a short time! Why? Because the nervous condition was relieved by the anodyne. The nerve centers were tranquilized, and relief followed. There is no use

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in plying the patients with medicine. Inhalations are best. For nasal symptoms, I find mentholated ointments or Parke, Davis & Co.'s "Adrenalin inhalant," or their "Anesthone Cream," to be about the most satisfactory remedies we can find.

D. L. FIELD, M.D.

Jeffersonville, Ind.

GONORRHEA.

Editor Medical Summary:—

I have thought that if a doctor has the knowledge how to limit, control, cure or prevent disease, it is his duty to make this knowledge known in a practical way so that it may be utilized for the general benefit of our race.

It is of this I will write in this communication. In preventing the above named pathologic condition we help our race, and prevent many a little child from having to make its advent into this world through a defiled and diseased vagina and thus entailing the chances of such polution on the innocent.

I will discuss prophalaxis and treatment.

I will say here the most absolute prophalactic we have in such cases is to keep the penis from entering or coming in contact with a vulva or vagina affected with this disease. On the other hand, I advise the woman to yield to no man's solicitations for venerial joys whose poluted sexual organs would bring on a loathsome disease. Force him to keep his genital organs to himself.

This advice followed by all, and we would save practically absolute prophylaxis of this; and in a short time also of syphilis.

For fear, however, that the above suggestions will not be universally adopted, to such an extent as to wipe out the disease, I will give you a most positive preventive which, if used as here directed, will prevent.

It is well known that if a thorough ablution of the organ can be accomplished just after intercourse it greatly minimizes the danger of contracting the gonorrhea or even syphilis; but as this is not always convenient at the time, here is a better method: Pull the prepuce well over the glans penis, and force the urine from the bladder into the foreskin which, being held by the thumb and finger, allows the glands to become immersed in the urine. Hold this for a half minute and then let it escape and fill up again, and repeat often enough to cleanse the parts from contagious material, then dry organ with a clean, soft cloth.

To further insure immunity, swallow seven or eight drops of spirits of turpentine, which in half an hour or hour will impart its odor to the urine, thus giving the glans penis another urinary bath; and you may feel that you are safe.

Another good wash for the organ, when it can be had, is:

℞ Echinacea .....3iijss.
Fld. ext. populis monilifera
q.s. ℥ij.

M. Sig.—Apply to organ, and also take a teaspoonful every two or three hours for a few doses.

The above prescription is good for the woman in the case also, both as a vaginal treatment, used with a syringe. Also to take.

If these instructions were carried out these diseases with their melancholy sequela and entailed horrors would be wiped out.

W. M. ALTER, M.D.

England, Ark.

FLIES AND FLY SCREENS. SOME USES OF FLIES, SOME OBJECTIONS TO SCREENS.

Editor Medical Summary:—

Shakespeare conditionally wrote that there are "tongues in trees, books in running brooks, and good in everything."

In the July SUMMARY there was a very able paper by Dr. A. Rose, of New York, "Optimism Concerning Bedbugs, Pessimism Concerning Dark Bedrooms, &c."

This article well merits a second reading for its valuable teachings and certain new medical nomenclature learned. The bedbug testifies to uncleanliness.

So does the house-fly, and are we not too industriously "swatting" a useful detective in the sanitary branch?

The fly, with his most wonderful vision, or with some sense much superior to any in

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man, will point to a soiled spot on the too seldom washed blanket, which cannot be seen by human sight.

In rejoinder to "swat the fly," the little things point us to the laundry, or wash tub: "Wash that blanket!" for instance. There are also physiological virtues exercised by the fly. After a full afternoon meal on a hot Sunday there is a strong disposition towards the couch.

Flint states in his physiology that only about ten or fifteen minutes' sleep should be indulged at such a time.

One or two flies in the room will prevent a prolonged sleep under such circumstances. They also tell us when to arise, with the sun. Man should habituate himself to arise at that time in all seasons of the year, genuflex to Jehovah for permitting him to arise from the temporal death of sleep, for permitting him to look upon the sun for another day.

The act of dressing, more particularly the bending attitude of putting on the hose and shoes, and the attiture of prayer, on the knees, conduce to the evacuation of the lower bowel which, if possible, should always precede breakfast.

When breakfast is eaten, before the lower bowel is cleansed, we have the autointoxication more or less tainting the mouth, as the result of eight hours, more or less, usually less, in which fecal matter is traversing the colon. *Now is the time to remove fly screens from windows and screen doors in this latitude.*

A fly screen should never be a permanent fixture. It should be so that when the windows are raised for purposes of sweeping and dusting it is also raised.

Otherwise its interspaces become more or less choked with lint, especially during winter, when lint is flying from flannel or woolen garments. Screens prevent a large per cent. of fresh air from circulating through a room, and while they apparently admit all of the same air that is existing out of doors, this admits of a chemical and pneumatic debate. Air is said to be elastic, and when the word air is used we must think of it as a composition of gases.

Now gases behave very peculiarly when a gauze material comes between them.

It was this discovery which caused the chief fame of Sir Humphrey Davy. If gases were the diffusible, elastic compounds, as ordinarily considered, the world's progress would have been vastly impeded, for coal would not have been safely dug in shafts or pits.

THOS R. EVANS, M.D.
1132 7th Ave., Huntington, W. Va.

AN ANSWER TO DR. THEO. F. JOHNSON'S REMARKS ABOUT "NONDESCRIPT HOMEOPATHIC SUBSTANCES USED AS A REMEDY OR MEDICINE."

Editor Medical Summary:—

In your issue of June, 1912, there appeared an article under the heading mentioned above. Though rather late in the season, I think a proper answer should be given. As the doctor seems to be in earnest, and not bent on ridiculing Homeopathy, I think he should be corrected.

The doctor has rendered a judgment without investigation.

Suppose a layman should say, "How do the doctors (of any school) dare to prescribe such highly poisonous articles as strychnine, phosphorus, arsenic, even prusic acid, which is known to surely kill in a few minutes? How do they dare to use electricity—electricity that is sure death, as not a single murderer put in the electric chair has escaped!

The doctor would laugh at the remarks. But laugh is no argument. To allay the fears of that layman he would say in earnest: It is true, my friend. These articles you mention are deadly poison. But in the dose we use them, for instance, 1/60, 1/100, 1/250 of a grain, they are perfectly harmless. Yet small as the dose may be, they are curative. They are often the only means to save life, even to restore the patient to perfect health. We couldn't do without them. Don't let the name fright you. Even electricity is used in a form so mild that it does not hurt an infant.

A similar answer would the Homeopath

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give about the nasty stuff he sometimes prescribes.

Undoubtedly some of these remedies *are* nasty, very nasty (just as some remedies are, used by the old school). But look at the dose! They are diluted or titurated (in the homeopathic manner) to such an extent that the strongest dose ever given contains only 1/1000,000 (one million) part of one grain of that nasty stuff. But even that dose is hardly ever given. Most always the nasty remedy is administered in doses so diluted that chemistry could not find a trace of it, and the microscope could not detect its presence. Yet small or infinitesmal as that dose may be, it is curative when indicated. It has often and again cured an affliction of years' standing, when all other means had failed. Could anyone object to taking such a dose, if there be the least chance that it may cure him? The only objection could be the name. But what is there in a name? The patient need not know the name, or that name could be disguised, if preferred. Why then should the Homeopath be deprived of a remedial agent so valuable in his hands? Of course the law of pure food and drugs could not interfere, as it could never be proved that this nasty stuff was present in the dose given to the patient.

I trust this answer will appease Dr. Johnson's wrath.

J. Lopes Cardozo, M.D.
635 St. Marks Ave.,
Brooklyn, N. Y.

COFFEE AND THE NERVOUS SYSTEM.

Editor Medical Summary:

The toxic action of the caffein group of alkaloids is very decided in some individuals. But they are excreted so rapidly that most people fail to show signs with ordinary doses.

Their alterations of the psychological reactions were shown experimentally in Kraepelin's laboratory. Clinically, *psychasthenia* is the picture presented by caffein toxicosis. A feeling of dissatisfaction, with restless ecitement, is the dormant one. A remarkable case was that which I presented to the Paris Psychological Society, and later published in "Archives of Pediatrics," 1910. It was a girl aged two, who had been given caffein in her milk since the age of three months. The consequence was a state of weak excitement with malnutrition and arrested development on account of the coffee craving creating a distaste for other food than that contained in coffee. The child's condition was pitiable.

A few grains of caffein per day determined a severe psychasthenia in a woman who recovered promptly when it was suspended and relapsed on several occasions when it was given.

Susceptibility is sometimes very great, as in the case of a certain member of Congress, who informs me that two cups of strong coffee will render him almost maniacal.

Such facts as these cannot be gainsaid, and render untenable the opinion which prevails, especially in Europe, that tea and coffee are quite innocuous.

Short of these measurable effects, close observation reveals minor discomforts which common experience attributes to tea and coffee. Headaches are often produced by them, for instance.

Of course, there is a special susceptibility of certain individuals. It is remarkable how large a proportion of the nervous people who consult me have previously learned to refrain from tea and coffee because of their experience that it aggravates their sufferings.

This special susceptibility extends to other nerve poisons. For instance, a bottle of light French wine per day is borne very easily by a vast majority of individuals; but this dose frequently causes peculiar conduct in those the French call dégénerés, and was in one case found by Babinski to be the cause of a multiple neuritis, the source of which had baffled numerous physicians who had not dreamed that so usual an ingestion of alcohol could be incriminated.

Perhaps the best test of the toxic effects of a nerve poison is the performance of such acts of skill as are demanded in games requiring activity. Even if no tremor is apparent, uncertainty or diminution of dexterity soon show themselves. In thinking,

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the same faults show themselves, and are the cause of the psychasthenic feelings produced by alkaloids of the caffein group.

TOM A. WILLIAMS, M.B., C.M., Edin.
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A NOTE OF WARNING AGAINST COAL TAR PREPARATIONS, ETC.

Editor Medical Summary:—

To avoid death, from heart failure, quit using the coal tar preparations for anything, and especially headache, as it is doubtless a fact that a large majority of the subjects that are reported to have died in their beds from heart disease, die of heart failure caused by some of the coal tar preparations.

The different preparations found on the markets, and extensively advertised as an almost instantaneous cure for all kinds of headache, are largely composed of coal tar derivatives, that are to some extent accumulative, and liable to exert their depressing properties on the heart at any time, especially during the night, when the subject is asleep, and digestion is being carried on with difficulty, and the circulation becomes depressed and sluggish. Then it is when the Angel of Death descends.

To touch the frail heart that stops from its beating
Without a lone rigor or feeling of pain;
The day has not dawned till the Angel retreating
Ascends from the earth into heaven again.

And the verdict of the coroner's jury is death from heart disease.

Many of the headache remedies are capable of leading to an established habit, if used for any considerable time. I know of a number of subjects who take their headache medicine as regular as they take their meals.

Such subjects have a pale, ashy look, with a dull and glazed look of the eye, and a general lethargic appearance. They are only awaiting their turn.

The drug produces a slight exhilarating effect, with a feeling of ease and general comfort that the subject soon learns to like, and to crave. So he takes his medicine three or four times a day. Ostensibly to keep off headache, but really takes it for the feeling of ease and exhilaration that it produces.

Beside the coal tar preparations that are found in large quantities in most of the headache preparations now on the markets, they also contain caffein, monobromate of camphor, etc., that may account, in part, for the pleasant feeling they produce in most people, and the danger to the user of such preparations becoming addicted to the same as a constant habit.

To reduce fevers they (the coal tar preparations) should not be given only when re-inforced by capsicum or strychnine, one or both.

J. A. WARD, M.D.
Troy, Mo.

FIBROLYSIN.

Editor Medical Summary:—

Fibrolysin is a solution of thiosimine and sodium salicylate. It is contained in sealed glass tubes, one tube contents used hyperdermically or may be introduced into the rectum. This compound has the power to soften cicatrical tissue. It is used often for softening urethral and other strictures. This has been proven. When you have a case of sirrhosis of the liver, or a case of interstitial nephritis, this will soften the connective tissue. Have a care in using it, as it may open up a scar on one whom a hernia or other operation has been performed.

R. D. FAIREX, M.D.
1825 4th St., New Orleans, La.

Of the drugs which may be used as palliatives in intestinal flatulency, salol and magnesium salicylate are most valuable given in 10 to 15 grain doses after meals, alone or in combination with a purgative, of which compound rhubarb powder is probably the best.

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New Books

All Books reviewed in this department, will be sent postpaid by the publisher of the Summary upon receipt of the price quoted.

ORIFICIAL SURGERY. Its Philosophy, Application and Technique. B. E. Dawson, M.D., Editor. 655 pages, 6 x 9 in. Physicians' Drug News Co., Publishers, Newark, N. J.. 1912. Cloth, Price, $5.00.

Here we have a large handsome volume of nearly 700 pages, profusely illustrated, and the only work on Orificial Surgery extant.

Dr. E. H. Pratt, of Chicago (the father of Orificial Surgery), some years ago published a book on the subject, but this has been out of print for some time. Dr. Pratt contributes largely to the present volume, the introduction is from his pen, but there are more than thirty other contributors, all of them recognized orificial surgeons.

We do not have room here to even make mention of all the chapters and titles given in this most admirable volume. Considerable space is devoted to the Philosophy of Orificial Surgery and also to the Rectum, and the editor's explanation for this seems most satisfactory. In the introductory remarks Dr. Pratt says:

"Orificial surgery is not hostile to any other chemical measure in medicine, but the doctor's quiver is by no means too full of arrows. His armamentarium is not any too well stocked with remedial measures. We are striving to add another arrow, another remedy, and we present it to the fraternity with an abiding faith in its reliability and truthfulness. The good which can be accomplished by all remedial measures familiar to doctors is little enough, and if orificial surgery shall be the means of lessening the amount of suffering in the world to only a slight degree, our enterprise will have served a worthy purpose."

Here is a field that opens up many valuable pointers that, if carefully studied, the general practitioner will be able to use to great advantage, both to himself and patient.

Instead of duplicating the ordinary textbooks on practice which you may already possess, purchase books that are developing new fields, such that will give you new ideas that may be put into practical use.

MUSCLE SPASM AND DEGENERATION IN INTRATHORACIC INFLAMMATIONS; Their importance as diagnostic aids and their influence in producing and altering the well established physical signs, also a consideration of their part in the causation of changes in the bony thorax, and Light Touch Palpation, the possibility and practicability of delimiting normal organs and diagnosticating diseased conditions within the chest and abdomen by very light touch. By Francis Marion Pottenger, A.M., M.D., LL.D., Medical Director of the Pottenger Sanatorium for Diseases of the Lungs and Throat, Monrovia, California. Sixteen illustrations. C. V. Mosby Co., Publishers, St. Louis, Mo., 1912. Price, $2.00.

Here is a book that will undoubtedly cause a stir in medical circles when it becomes distributed among the profession.

The author has long had connection with a large sanatorium for diseases of the lungs and throat, and has had ample experience as a specialist, so that what he has to say about his observations and manner of diagnosis by light touch palpation cannot be entirely ignored, but demands careful consideration and further observation in order to verify the means to the end, as it were. The author only claims originality in that he has worked them out as an independent observer, and has made application of them which had not heretofore been made. He states that the importance of this work does not rest with that which is written here, but lies in the far-reaching effect which it may have on diagnosis as a science. If the conditions of the muscles,

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as he describes it, exists; if the influence of their changed condition is as great as it seems to be; and if light touch is sufficient to outline deep borders of organs lying within the chest and abdomen, than many of our supposedly well-established theories in physical diagnosis are at fault, and the entire subject must be rewritten.

THE BLOOD OF OUR FATHERS, a Play in Four Acts, dealing with the Heredity and Crime Problem; by G. Frank Lydston, M.D. Riverton Press, Publishers, 626 South Clark St., Chicago, Ill. 1912. Cloth, price, $1.25.

Dr. Lydston is a resourceful writer, as all our readers may know, and as he is a long-time leader in the field of eugenics, it is therefore fitting that this subject should be portrayed by him in the form of a play.

As elsewhere stated, this method of instruction has developed until the modern legitimate stage has as its object the word portrayal of some necessary message to the people. By this we do not refer to the vacuous, insane dribblings that appear as "musical comedy," but to the comedy and drama that have a definite reason for existence. "The Blood of Our Fathers" is a plea for marriage control and regulation, for matrimonial discrimination, for protection of the unborn, for the sterilization of degenerates and for the education of the layman along sociological lines, says the author.

THE WASSERMANN REACTION.—Its Technic and Practical Application in the Diagnosis of Syphilis. By John W. Marchildon, B.S., M.D., Assistant Professor of Bacteriology, St. Louis University, School of Medicine. 103 pages, with 11 illustrations. C. V. Mosby Company, Publishers, St. Louis, Mo. 1912. Cloth, price, $1.50.

The author of this monograph, which consists of about one hundred pages, presents the subject matter in as brief and succinct manner as possible without detriment of clearness and the necessary explanation of facts, and its object is to give the reader complete information that will enable one to get the material and to make the Wassermann reaction.

Dr. Marchildon believes that the Wassermann reaction should be more widely used in general practice, but it appears too complicated and difficult for use by the average general practitioner, unless he possesses a certain amount of laboratory training and skill.

The contents of the book is divided into twelve chapters. The original Wassermann test is advocated, and its technic clearly outlined, the newer modifications being practically desregarded as unnecessary.

We can commend this little book to those who have the time and inclination to become more independent of the larger laboratories and are able, having had the necessary laboratory training, to perform this important diagnostic test themselves.

"THE GREAT PSYCHOLOGICAL CRIME," published by the Indo-American Book Company of Chicago, is a book that ought to be read with interest by every doctor who is a student and thinker. It is a subject that is up to date, and one which now engages the attention of the brightest minds. We are only beginning to get an inkling of the range and possibilities of the psychic forces and this from an intelligent viewpoint, whereas we have been before groping in ignorance and superstition. We have in this book an exposition of why and how those who seek by means of hypnotism, spiritism and mediumship to prove that there is another life after death, fail to accomplish it scientifically, and fail to get the satisfaction they seek. There is a clear elucidation of mediumship and spiritism and how and why mediums do their work and an expose of frauds and fakes. "The Great Psychological Crime" deals with the imminent dangers of the age and hour. It covers the most fascinating phenomena and experiences of human life. The style of the text is simple, clear, logical and interesting, and every doctor who reads it will be broader and better for having done so.

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Summary Gleanings

In a unilateral discharge from the nose in children look for a foreign body.

Twenty grains of salicylic acid in one ounce of alcohol will cure ringworm.

In all glandular enlargements use phytolacca, both internally and externally.

A strong solution of zinc acetate is effective in chilblains.

Do not give castor oil with male fern. It may cause absorption and poisoning.

Massage of the prostate is an excellent treatment for premature ejaculation.

Painting moles with butter of antimony will cause them to disappear. Apply twice a week.

In every case of earache or running ears look for adenoids in the naso-pharynx and remove them.

In mumps give five grains each of soda bicarbonate and soda silicylate every three hours.

Applications of equal parts of formaldehyde and glycerin is said to be an excellent remedy in fistula.

Tinct. of phytolacca, one dram aqua four ounces, makes an excellent gargle in tonsillitis and pharyngitis.

Ulcer of the stomach is very rare in children. Similar attacks are caused by tapeworm.

In convalescence from fevers, general debility, nervous prostration, and when night sweats are present, whether due to previous inflammatory disorders, catarrhal depletion or hemorrhages, hydrastis canadensis should be employed as a bitter tonic and stomachic to assist in restoring the normal condition.

Aromatic spirit of ammonia and sweet spirit of niter is recommended as the best agent to "abort" a cold.—*Dr. Robinson.*

For quick reduction of blood pressure give the nitrites—nitroglycerin or sodium nitrite.

Be sure of the composition of the drugs which you employ; that they are the best attainable and compounded correctly.

A few remedies well understood and correctly applied will do better service than many which are prescribed in a haphazard manner.

Zinc phosphide is an excellent tonic, especially good in loss of sexual vigor. It also benefits the general condition in epilepsy.

Gentle divulsion in cases of hemorrhoids where the patient refuses operation relieves the discomfort due to strangulation.

Hydrastis canadensis is a pure active tonic, and decidedly improves the functional action of every organ. It may be combined with nux vomica and the alkaline preparations of iron with great advantage.

Any menstrual irregularity or abnormality in a woman who has previously been perfectly regular and normal in her menstrual periods should always suggest the possibility of an ectopic pregnancy.

Hydrastis canadensis is useful in passive hemorrhages, having been found of greatest service in that associated with polypi, fibroid tumors and gastric ulcer. It should be given also in mild hematuria and in those disposed to epistaxis.

When stitching after circumsision leave the ligatures long enough so that a strip of iodoform gauze can be tied with the ends so that it encircles the penis. This leaves the glands free for urination and keeps the dressing dry and clean.

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The Medical Summary

A Monthly Journal of

PRACTICAL MEDICINE, NEW PREPARATIONS, ETC.

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STANDING OFF OLD AGE.

This is a topic that is always seasonable and of perennial interest. Obviously it is of more vital concern to those who are approaching the meridian of life and those who are already traveling the Pacific slope of time. Old age and decay are not, of course, due to any one pathological process alone, although arteriosclerosis and a stiffening of the vascular system is looked upon as one of the most regular morbid changes. One of the rather recent Metchnikoff theories concerning the cause of physical decay is the part played by the indols and phenols of the large intestines. It is claimed that these elements can only be destroyed by sugar or by his recently discovered sugar-producing bacilli, which he calls "glycobacteria," now found only in the colon of the dog. Metchnikoff thinks that a vegetable diet, including particularly beets, carrots and dates, is of value in furnishing the system some of the sugar it needs, although he admits that sugar as such is not found in the colon. This indol and phenol theory is disputed by other scientists, a difference of opinion which, to be sure, is in no way startling.

The lactic acid of buttermilk has been thoroughly exploited as a neurtalizer of intestinal toxins and as an antagonist of old age and hardened arteries. Other theories along somewhat similar lines have been advanced. All of these are mere straws indicating the opinion that much of the pathology of old age comes from within. Autotoxemia is a factor in the etiology of decay as well as in the production of many of our acute and infectious diseases.

The alimentary canal is woefully abused; as we grow older this abuse is more and more resented. Old people are, as a rule, hearty eaters, for the pathology of nutrition is about the last function to show signs of breaking. Nothing withstands old age so well as a carefully conserved alimentary canal, the hygiene and manner of living being otherwise normal.

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PROGRESS IN MEDICINE.

Of the fact that there are curative properties in our old and accepted remedies there can be no doubt. This fact is verified by the clinical reports of the older practitioners, and by the daily experiences, as these remedies are in continuous use in the sick-room to-day. But none can deny that a great change has taken place in the remedies of our materia medica, and now the newer synthetic and organic products are a signal factor in practice, and indications point to them as a dominant force in the remedies of future times.

Much that is called progress is nothing more than an agitation that is evanescent and ephemeral, but if we take the sum of the claims and achievements in any line of activity we shall find that there has been no retrogression, but that the trend has been constantly and inevitably forward To this, medical activity is no exception.

Although some of the later remedies have been exploited either before the stage of experiment was past, or, for the baser one of being in the field first in order to reap "all there is in it"; yet, no one will be ready to deny the astounding results that have come from the investigations and and work along the newer lines,—with the promise of greater developments still to come.

The so-called coal tar products have resulted in much evil through their excessive use by those who did not and do not realize their potency and untoward properties, or who have been deceived by the mercenary exploitation that characterized the introduction of some of the remedies of this class. Admitting this, it must be conceded that among them are remedies of worth that will hold their position permanently in our list of reliable and curative drugs.

The serums and vaccines have multiplied to such a degree as to include remedies for nearly all known diseases; and their effectiveness, when properly used, cannot be questioned. In fact great results have been attained by their use, and future practice will be strongly influenced by their introduction in the treatment of many forms of disease that heretofore have been treated practically empirically with remedies that possess no antidotal powers. These remedies are the true antidotes, and are such by their power of adding to the antitoxic energy which the system develops in its efforts to overcome and neutralize the toxic principle that is the cause of each specific disease.

The "synthetic" remedies are following each other in such rapid succession that the ordinary practitioner is bewildered, and is unable to keep himself informed in the use and the application of all of them. Among these, too, many have therapeutic properties of which he will avail himself when he has the time to acquaint himself with their properties and merits. These newer remedies are so formidable in their numbers that some of the drug journals keep standing columns to which the still newer ones are added from time to time. One of these journals states that they are "a class of remedies largely prescribed by physicians," and that "new remedies of this class are being introduced nearly every day." This specific list contains over 250 preparations.

Among the newer remedies none has appeared that has gained the attention of the entire medical profession as the one now universally known as Salvarsan. This chemical compound stands out very distinctly in contrast with the serums that are so abundantly produced, and hold the stage to-day. Even this remedy, with its abundant advance reports, was also launched prematurely or too hastily, as it called for considerable preliminary technical manipulation before it was ready for administration, and required the experience of the specialist, including his special apparatus. Neosalvarsan, as the name implies, is the new product, and is in a soluble form, thus doing away with some of the complicated requirements attending its use. If time verifies its claims, it will rank as one of the greatest remedies of modern times.

To avoid systitis always administer formin when catheterizing a urethra.

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CHRONIC CONSTIPATION.

You have probably exhausted your medical armamentarium on these cases all the way from cascara to "seaweed." You have perhaps also advised a diet of bran biscuits, prunes and coarse foods, besides enjoining the drinking of water copiously, high enemas, regular times for going to stool, as well as many other conventional procedures. As a last resort—if you have deferred it so long—it would be well to examine the rectum. Many cases of obstinate constipation are due to a narrowed condition of the lower bowel. The thing to do is obvious: dilate. Severe cases should be dilated under an anesthetic. In less intricable cases digital dilation will suffice. After you have given the patient a few treatments fit him out with a set of glass or hard rubber dilators, and let him continue the treatment himself. Good results are likely to follow, provided this be the source of trouble.

OPERATION FOR FISTULA IN ANO.

The ideal operation for this condition, according to Dr. Carl Beck in *Medical Era*, is as follows: If the fistula is incomplete I make it complete; that is, continue it either into the rectum, or *vice versa*, through the skin and then operate as stated below.

If a fistula has existed for a long time and we split it open we find that scar tissue has formed and a well-defined channel has been built up. It appeared to me, therefore, that this tube was simply a means to an end and not the exciting medium. Results have confirmed this contention. The method is a simple one and I am convinced that many have utilized it before me, but were too busy to publish it. I may add that we had given E. Beck's bismuth paste a very thorough trial but failed utterly with it.

The patient is admitted to the hospital on the day previous to the operation and is well purged. He is allowed no solid food whatever and his colon is thoroughly evacuated by enema one hour before the operation. Anesthesia is usually by ethyl chloride, as introduced at St. Mark's hospital by Dr. Morris Goldberger in 1908. The operation is a short one and the patient is the better for it later on.

A robe is inserted into the canal and pushed through until it can be felt by the finger in the rectum. A grooved director is now slipped over the probe. I use it because it is a more powerful instrument and will not bend so easily when traction is exerted upon it. Running the tip of the scalpel along the groove the tissues are slit open with one sweep. Be sure to cut through the sphincter at right angles and it will reunite readily. Have the wound surfaces spread well apart and remove all the scar tissue in view carefully with a sharp blunt-pointed scissors. If in doubt rather cut away a little too much than not enough. Pay particular attention to the internal end of the wound. When all the offending tissue has been removed paint the whole surface over with tincture of iodine. I am firmly convinced that the highly antiseptic properties of the iodine are the dominating factor toward union by first intention. The scanty bleeding can easily be controlled by sponging.

Great care must be exercised in bringing the several tissues together closely and accurately. For suturing material I use silk-worm gut and find it excellent for the purpose. The first suture is placed at the inner, interior angle of the wound. The edge of the gut and sphincter are brought together with mouse-toothed forceps and a generous bite taken with the needle. A strong needle is imperative. Be sure you get enough tissue with your suture, as it will form a cushion when you exert pressure and will tend to keep the wound surfaces closely approximated. Sometimes it is necessary to make the suture for the sphincter an extra one, especially in those cases in which the fistula opens fairly high up in the rectum. Leave the ends of the suture long, clamp them and let them hang down out of your way. Sew up the rest of the wound in like manner, placing a stitch about every half inch, burying your needle deeply each time. Leave all the ends long and when you have finished carry

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them all to one side and fasten them to the buttocks with adhesive plaster. This will prevent irritation of the parts and add to the comfort of the patient. When the operation is completed a T binder is applied.

The patient is kept on his back and in bed and his peristalsis held in check for at least four days by the administration of bismuth and opium. When the patient begins to complain of cramps and colic his bowels are evacuated by means of an oil enema. At the end of ten days I remove all sutures excepting the innermost one, which should remain for two weeks to insure a perfect result.

BREAKING UP A COLD.

There are a hundred methods of curing a cold in its incipiency. Of course, very few of the remedies and measures employed toward this end are of any substantial value. The quickest way to get rid of a cold is to go to bed at the beginning of it and remain there until well, or nearly so. At least one should remain in his room and not subject himself to varying temperatures. Dust-laden and otherwise impure air should be religiously avoided.

A cold usually manifests itself in the start as an acute coryza or catarrh. The mucous membranes have the brunt to bear and a weeping nose and irritable throat are the early symptoms nearly always present. Every emunctory should be set to work. Diaphoretics, diuretics, cathartics and stimulants may have their uses. Secure elimination from the skin, bowels and kidneys. While these functions are being spurred into activity the sufferer must remain warm, quiet and comfortable. To fail to do so means to invite "more cold."

The nose and throat should, as a paliative as well as a prophylactic procedure be frequently sprayed with a mild alkaline and antiseptic solution. Menthol may be added to the solution on account of its cooling and soothing action. It is the editor's opinion, based on self-medication, that nothing will "put back" a case of acute coryza so well as sniffing a cocaine solution through the nostrils. In these days of "coke" fiends, however, such habit-forming agencies must be used with a great deal of caution.

CROCHETING AS A THERAPEUTIC AGENT.

Crocheting, or "fancy work," can hardly be classified as a utilitarian pursuit, yet it is one of benefit to nervous womankind. We might mention, in passing, that lots of valuable time is wasted in the construction of fancy jiggers and doodads, that are ornamental (usually) and never useful. But woman must have something to do on the side to relieve the dreariness and monotony of ever-present and never-ending maternal and domestic affairs. If there be a paucity of these maternal and domestic affairs there is all the greater need for something light to do in order to down the ego and prevent morbid introspection. We believe that the best channels into which women can direct their superfluous energies are wholesome charity and benevolence work and self-culture in literature. Thousands of women have no desire for these. Some one has pointed out that the average woman does not read a newspaper once a week. This is hardly correct, but it is true that womankind in general does not keep in touch with the current events that are really worth while. Crocheting is always a safe and sane safety valve for woman's nerves. Nearly every woman or girl readily acquires the technique of fancy (?) stitches. Knitting quiets the nerves as no other pastime can. It is therefore usually commendable to encourage restless, neurotic females to take up crocheting, to be practiced at odd times when sedation seems indicated. Frivolous though it may be, from a man's viewpoint, yet in the absence of anything better, this indulgence is useful in inhibiting morbid mentality and in soothing the nerves. The nervous individual should, however, engage in fancy sewing with moderation lest vision be impaired thereby.

Where it is impracticable to shave the hair around a wound a depilatory of equal parts of sulphide of barium and starch moistened with water and allowed to remain for a few minutes will remove the hair.

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Leading Articles

Brief and practical articles, short and pithy reports of interesting cases in practice, new methods and new remedies as applicable in the treatment of diseases, are solicited from the profession for this department. ¶ Articles contributed for the Summary must be contributed to it exclusively. ¶ Write plainly and on one side of the paper.

The Editor is not responsible for the views of contributors.

THE TREATMENT OF NEURASTHENIA BY INJECTIONS OF DEEP SEA-WATER.

By Francis E. Park, M.D.

It is rather strange that here in America where the discoveries of our brothers across the water are so closely scanned, so little attention has been paid to one of the greatest discoveries of modern therapeutics. I refer to the use of a solution of deep sea-water, isotonic with the blood. Quinton was the one to first bring it before the profession, and he has been ably seconded by Simon. In Paris and in London its use is spreading, and hospitals are set apart for the exclusive administration of this remedy. Even in far Egypt its value has been recognized, and very recently the Khedive has ordered dispensaries opened in many parts of the Kingdom where the treatment can be administered free to the people. Personally I have been using it in ever increasing quantity for over two years, and have seen a very large number of cases benefited in a most satisfactory manner. In many cases its results have been so extraordinary as almost to merit the appelation of marvelous. I am going to confine this short paper, however, to the consideration of the effect of this treatment in one common and troublesome disease, neurasthenia. Until I had learned of the use of sea-water I have never felt satisfied with the results of any treatment with which I was familiar. Now it is otherwise. I do not intend to go into any discussion as to the nature or cause of this American disease, other than to state my belief that it is caused from the effect of some unoxidized substance circulating in the blood, the result of lowered cell activity extending in greater or less degree through all the organs of the body. Judging from a close observation of many cases of this disease treated in this manner, I believe that there is some element in the lower strata of the sea, that acts as a powerful stimulant to the cells, and by quickly arousing their dormant power enables them to at once resume their function and get rid of the toxic substance, while the continued use of the remedy brings about a very lasting and permanent effect. Quinton calls this element plasma, and believes, as I understand it, that there is some element of life present. Personally I am of the belief that in the deep sea-water there is some minute proportion of some radio-active substance. We know what wonderful results have been obtained at the University of Berlin within the last year, by Bickel, in the treatment of pernicious anema with thorium, and as I watch the action of this remedy and compare it with that of the sea-water I see a strong resemblance. Whatever it is, the water must be obtained at a great depth and must be used quite fresh to get any result. One of the most troublesome symptoms of neurasthenia is menalcholia, and a lassitude, that renders any exercise either of brain or body repugnant. This symptom I have watched very closely in the cases which I have treated, and find that it almost invariably yields early in treatment, and in its place comes a bouyant feeling. There is early manifested a marked return of appetite, and in many cases the return of the ability to sleep, and to derive benefit therefrom. A constant result noted in all cases is the response of the blood. In almost all of these cases there is anema of greater or less degree, and it is possible from day to day to see the increase in the red cells. Again, symptoms that we associate with the neurasthenic conditions are ameliorated. For instance, late in the spring I had to treat a young business man who was very much run down, from over-work. He re-

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ceived about a dozen injections, and regained all of his former vigor. In previous years he had invariably been afflicted with hay fever, and the previous summer was under my care for a severe attack. Since his course of sea-water he has remained very vigorous and went through this summer without a trace of his old enemy. I believe that the water had so strengthened the resistence of the cells that they no longer were affected by these influences that had formerly tyranized over them. This experience opens up a possible prophylactic treatment for this disease.

To get results the sea-water must be brought directly in contact with the blood. The usual method has been by subcutaneous injection, and the best site, the infra-scapular region, or the abdominal parieties. The skin is anesthetized by a drop of eucain B. solution, using a small syringe equipped with a 27 guage needle and taking great care to deposit the injection between the layers of skin. Immediately a 24 guage needle is plunged entirely through the skin into the cellular tissue below and the injection is very slowly made. After the needle is withdrawn the resulting swelling is massaged until it has been rubbed away. There will be some soreness following the first two or three treatments, and in many cases a chill and some malaise (just as is seen following the serum treatments), during the first 12 hours, then comes the feeling of relief and well being. Of late my experience leads me to favor the use of the solution given intravenously. I have personally tried it on myself, and afterwards on several cases. The dose must be much smaller at first. With the former method the dose runs from 5 c.c. increasing quite rapidly up to 20 or more. With the latter, however, the initial dose should not exceed 2 c.c., and can be cautiously increased to 10 c.c. At first I had to personally go out to sea to get my supply, but for the last year have been fortunate in securing the services of a very reliable man who not only gets it fresh every week for me, but also prepares it ready for use.

Stoneham, Mass.

Frontal headache is frequently due to enlarged middle turbinates.

A CONTRIBUTION TO THE STUDY OF HERNIAS OF THE OVARY, TUBE, AND TUBE AND OVARY.

(Continued from page 289 October Number.)

By Aime Paul Heineck, M.D.

Surgeon to the Cook County Hospital, Chicago.

Tube-ovarian Hernias.—Hernias of the tube and ovary constitute the largest number of hernias of the uterine appendages. As associated hernial contents may be mentioned: Urinary bladder, Meckel's diverticulum, the appendix vermiformis, omentum, intestines and the uterus.

We know of only two cases in which gestation occurred in an inguinal hernial sac; both were tubal pregnancies.

The herniated organs may be normal, may show slight or marked pathological changes. The displacement of a tube or of an ovary into a hernial sac is unfavorable to its anatomical and functional integrity. In a hernial sac, these organs are exposed to repeated slight traumatisms and to circulatory disturbances. The herniated ovary frequently undergoes systic changes; may show atrophy; may show enlargement; may be undersized.

The herniated tube may be the seat of suppurative salpingitis, of abscess, of tuberculosis; may be adherent to sac by an inflammatory band.

We must not forget to state that a tube and ovary present in a hernial sac do not always have the same reciprocal relation that they have in the abdominal cavity, and that the pathological changes which they show may antedate their displacement into a hernial sac.

Reducible Hernias.—In reducible hernias, and, at first, practically all hernias are reducible, the hernial contents either return spontaneously into the abdominal cavity when the patient assumes the recumbent posture, or they can be manipulated back, with more or less difficulty, but without a cutting operation, into the cavity from which they escaped. Even in reducible hernias, the sac early contracts adhesions to neighboring tissues and becomes irreducible. The terms reducibility, irreduci-

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bility, torsion and strangulation have reference only to the hernial contents and not to the sac.

Reposition, spontaneous or manual, may be temporary, may be permanent. Many reducible hernias reappear as soon as the standing posture is assumed; others to reprotrude, require more or less muscular effort on the part of the patient.

Irreducible Hernias.—When the contents of a hernial sac cannot in their entirety be manipulated back into the abdominal cavity, the hernia is said to be irreducible, provided that there is not any, or but a very slight interference with the blood supply of the herniated organ or organs, and that there is not disturbance of function. If irreducibility and both, functional and circulatory, disturbances are present, the hernia is designated as strangulated. Irreducibility, partial or complete, predispose to complications of a serious nature: Inflammation, incarceration, strangulation and torsion.

The irreducibility of hernias is dependent upon one or more of the following facts:

(a) Difficulties incident to manipulating a small movable body such as the ovary through a small opening.

(b) Relative narrowness of the hernial canal: Femoral, inguinal, etc.

(c) Sudden increase in size of hernia resulting from some unusual muscular effort.

(d) Changes in the hernial contents: Increase in bulk from deposit of fat, from cyst formation in mesentery, in omentum, from inflammatory or neoplastic changes.

(e) Adhesions of inflammatory origin:
1. Between sac and contents.
2. Between the different contents.

(f) Large volume of the hernia.

(g) Sliding hernias (hernies par glissement).

The irreducibility of a hernia of the uterine appendage is due in some cases to the presence as associated hernial contents of the urinary bladder, of the cecum, or of the sigmoid. In other cases, the irreducibility is due to the fact that the layers of the broad ligament, as they leave the Fallopian tube, enter into the formation of the hernial sac.

Strangulated Hernias.—All strangulated hernias are irreducible. In addition to irreducibility, they present a constriction of the hernial contents of such a degree as to seriously interfere with the circulation of the blood in the herniated organ or organs. "If the pedicle of a tumor is tied off or if a finger is surrounded tightly by a string, the parts distal to the ligature do not become inflamed; stasis and gangrene result."—(Alberts.) The same primary changes occur in the contents of a strangulated hernia; the inflammatory changes are secondary to the circulatory disturbances. There is interference first with the venous circulation; then with the arterial. As a result of this interference with the circulation, we have a serious exudate, the amount of which depends upon the degree and duration of the strangulation and also upon the extent of the secreting surface. The sequence of events is as follows: Congestion, stasis, serous exudation, then inflammatory phenomena and gangrene. Strangulation of a herniated tube or ovary is not as dangerous a complication as strangulation of a herniated loop of intestine.

Strangulated inguinal hernia may be congenital or acquired. Strangulation can occur at any age, irrespective of type of hernia or of hernial contents.

As hernial contents can be mentioned the the following organs: Fallopian tube, ovary, tube and ovary, tube and a portion of the urinary bladder, tube and a loop of small intestine, ovary and intestine, tube, ovary, intestine and omentum, uterus and adexa of one side, loop of intestine, uterus and left adnexa.

The symptoms given by the strangulated inguinal hernias are those of inflamed hernias. Symptoms of intestinal obstruction may also be present.

Torsion of the Pedicle.—This complication, peculiar to ovarian and to tubo-ovarian hernias, is not of unusual occurrence. As far as we have been able to determine, torsion of the pedicle has been observed only in irreducible congenital hernias of the inguinal type.

The two youngest patients were four and

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eleven weeks old, respectively; the oldest, a poorly nourished child, was fourteen months old. All the other patients were less than one year old. The right and left side are involved with about the same frequency. The occurrence of this accident is favored by the mobility of the ovary and the slenderness, at this period of life, of the pedicle of the herniated organ or organs.

The pedicle, usually composed of the Fallopian tube, ligament and contained vessels, may have made a half-turn upon itself; may be twisted twice, thrice or several times upon its axis. The pedicle may be twisted in any part of its course.

If unrelieved, torsion of the pedicle determines in the hernial contents anatomical changes similar to those caused by strangulation. The impeded return of blood in the veins leads to congestion and swelling of the organ or organs below the twist. There are noticed in the hernial contents, the following circulatory disturbances: Congestion, stasis, thrombosis, vascular rupture (ovary seat of large hematoma) and interstitial hemorrhages. The interstitial hemorrhages and the serous transudates lead to tissue disassociation.

In torsion of the pedicle, the amount, odor and color of the hernial fluid depends upon the tightness and duration of the twist and upon the extent of the gangrenous changes. The fluid present in the hernial sac may be serous, may be blood-stained, dark colored, reddish-brown.

Torsion of the pedicle gives rise to symptoms somewhat analogous to those of strangulated intestinal or omeutal hernias. In fact, the condition has frequently been diagnosed a strangulated intestinal hernia.

Post-Operative Ventral Hernias or Hernias in Abdominal Scars.—The protrusion of parietal peritoneum with stretching of the cicatrix over it, may occur after any operative or other penetrating wound of the abdominal wall, except those of very small dimensions.

Though these hernias may occur in any part of the abdominal wall, they are located almost always either in the median line or in the region of the appendix. Owing to the employment of improved operative technique, and to the more rigid observance of the requirements of surgical asepsis, post-operative hernias are decreasing in frequency.

There are two types: In one, there is a uniform distention of the cicatrical tissue producing a condition somewhat analogous to separation of the recti muscles; in the other, the hernia is due to the giving way of weaker portions of the scar.

The main predisposing etiological factors of post-operative hernias are:—

1. Long incisions.
2. Faulty closure of abdominal wounds.
3. Operations for suppurative processes which of themselves require, for healing, that the abdominal wound be maintained open for a considerable period of time.
4. Drainage.
5. Disturbed wound healing—imperfect asepsis—suppuration.
6. Failure to wear for some months after recovery from operation, a well-fitting abdominal binder.
7. Too early pressure upon the scar.
8. Pregnancy.

The only ventral hernia of the uterine appendages which we could find is a tubo-ovarian hernia in an abdominal scar resulting from the opening and prolonged drainage ten years previously, of an appendiceal abscess. The scar was about six inches in length. Cullen, to cure this case, resected the entire cicatrix, loosened the adhesions of the omentum to the ovary; then removed the herniated ovary and hydro-salpinx and followed this by closure of the abdominal wound without drainage. A satisfactory recovery was obtained. The sac was incomplete for a considerable distance; the ovary lay directly beneath the skin.

Gluteal, Sciatic or Ischiadic Hernias.—This is a very uncommon condition; in the medical literature of the last hundred and fifty years, only twenty-three cases are recorded (E. Koeppl). This class of hernias escape from the abdominal cavity by way of either the greater or the lesser sacro-sciatic foramen. There are three varieties: The supra-pyriformis, the infra-pyriformis and the spino-tuberosa. These hernias may be congenital or acquired, may occur on either side of the body and are

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subject to all the complications of hernia in general. Thirteen of the cases on record were observed in women. Schilbach's case is the only one on record making its exit through the lesser sacro-sciatic foreamen. The diagnosis was first made at the autopsy table. During life, there had been genital hemorrhage and symptoms of ileus. At the post-mortem examination, the ovary was found in the hernial sac, the tube and the broad ligament being caught in the hernial ring.

We found only two cases of ischiadic hernia of the uterine appendages. Both were acquired hernias of the right tube and ovary, occurring in multiparous patients. Both were subjected to operation and recovered.

Woelfler's case is interesting in that it was successfully subjected to an operation for radical cure. The hernia, an infra-pyriformis one, emerged like all others of its type along the lower border of the pyriformis muscle in close relation to the internal pudic, inferior gluteal and sciatic nerves and vessels. For the previous two years, the patient had had attacks of pain radiating along the course of the sciatic nerve, and abdominal suffering associated with nausea and, at times, vomiting. In the right gluteal region, there could be palpated below the muscles, a globular, fluctuating, fist-sized, non-reducible swelling from which, at one time, there was removed by aspiration fifty cubic centimeters, and, at another time, five hundred cubic centimeters of dark reddish fluid containing much albumen, red blood corpuscles and leucin-tyrosin crystals.

The following operation was performed: An eight centimeter long incision, parallel to the course of the fibers of the gluteus maximus, was made over the summit of the hernial swelling. The muscle fibers were separated; the hernial sac exposed, isolated and opened. It contained the ovary and the end of the tube. The sac centents were ablated; the resulting stump reduced in the abdominal cavity. The sac was then ligated and cut off; after which, the operator closed the hernial orifice by approximating the pyriformis muscle to the lesser sacro-sciatic ligament.

Obturator Hernias.—In obturator hernias, the herniated viscus or viscera, always, escape from the abdominal cavity by way of the obturator or sub-pubic canal. These hernias, though less infrequent than ischiadic hernias, are nevertheless uncommon; not more than two hundred cases are recorded in the medical literature.

They are usually small; may be unilateral or bilateral (are more frequent on the right side); may co-exist with hernias of a different type. They may be reducible, irreducible or strangulated.

Picqué and Poirier recognize three main anatomical varieties of obturator hernia. In the first variety, the most common, the hernia follows the entire course of the obturator canal, appearing as a swelling in front of the external orifice of this canal. In the second variety the hernia escapes from the abdominal cavity through the pelvic orifice of the sub-pubic canal, but following the course of the inferior division of the obturator nerve, does not traverse the canal's entire length, and makes its exit by passing between the superior and middle bundles of the obturator externus muscle. In the third variety, the hernial protrusion also enters the pelvic orifice of the obturator canal, but becomes lodged between the obturator membrane and the obturator externus muscle.

Objective symptoms are frequently absent. When a swelling is visible and palpable, it is usually of small volume and is located in the most internal portion of Scarpa's triangle, somewhat resembling a femoral protrusion. It is, however, non-pediculated and does not extend in the direction of the crural canal. In suspected cases, one should always determine whether there is increased pain when the obturator externus is put under tension—abduction and rotation inward of the thigh.

Vaginal examination is important. The internal orifice of the sub-pubic canal is accessible to the vaginal hand.

Two routes are advised for the treatment of obturator hernias: The abdominal route and the obturator route. In the obturator route, the following steps are employed:

1. An incision eight centimeters long is made about three and a-half centimeters in-

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ternal and parallel to the femoral artery.

2. Separate with a grooved sound the internal border of the pectineus muscle from the outer border of the adductor brevis and adductor longus muscles.

3. If necessary, divide a few of the fibers of the pectineus muscle close to their insertion to the pubic bone, so as to facilitate digital exploration of the obturator region.

4. Expose, isolate and open sac; determine its relation to the obturator nerve and vessels, after which nick constricting point if hernia be strangulated and reduce or ablate hernial contents.

5. Closure of wound.

Femoral .Hernias.—Hernias which in their escape from the abdominal cavity pass between Poupart's ligament and the horizontal ramus of the pubis and sooner or later protrude in Scarpa's triangle, are called femoral hernias. Common femoral hernias escape from the abdomen through an orifice bounded anteriorly by the most internal portion of Poupart's ligament; posteriorly, by the horizontal ramus of the pubis; externally, by the femoral vein and the sheath of the femoral vessels; internally, by Gimbernat's ligament. They descend along the most internal compartment of the femoral sheath and ultimately emerge through the saphenous opening. These hernias are contiguous to the femoral vein, which always lies external, and they carry along in their progress through the crural canal a mass of condenced areolar tissue, known as the septum crurale. They show a greater tendency to expand upward than downward because the cribriform fascia is less adherent to the upper margin of the saphenous opening.

The small number (sixteen cases) of femoral hernias which we are able to collect, as compared to inguinal hernias, confirms the now accepted but previously disputed fact that, in the female, inguinal hernias are of more frequent occurrence than femoral hernias. All these femoral hernias were of the acquired type; it is known that congenital femoral hernias are pathological rarities. A femoral hernia is essentially a hernia of adult life. Either side of the body may be involved. The tendency to double femoral hernia is less than that to double inguinal hernia. All femoral hernias irrespective of contents or of sex of bearer are of more frequent occurrence on the right side (Warnher, Macready, Berger).

The tubal hernias contained the oviduct either in part or in its entirety, alone or associated with intestine, omentum or both. The presence of the appendix vermiformis in a femoral hernial sac is rare. Coley states that in 2200 cases of hernia operated upon from 1890 to March, 1908, in the Hospital for Ruptured and Crippled, the appendix vermiformis alone was found in ten, the cecum and appendix together in seven. In not a single one of Coley's cases was the appendix found in a femoral hernial sac (W. B. Coley, Keen's Surgery, 1908, vol. I, p. 78).

These hernias may be reducible, irreducible or strangulated. Strangulation can occur at any one of the following sites:

(a) Internal femoral ring.
(b) Margin of Gimbernat's ligament.
(c) Margin of the saphenous opening.
(d) Meshes of the cribriform fascia.
(e) Irregularities in the hernial sac.

The following operations were performed:

(a) Amputation of the fimbriated end of tube.
(b) Incision of hernial swelling and creation of an artificial anus.
(c) Ablation of tube.
(d) Ablation of ovary.
(e) Ablation of tube and ovary.
(f) Excision of hernial sac and return of tube to abdominal cavity.
(g) Removed tube and ovary and resected gangrenous intestine.

Truss- treatment of femoral hernia is notoriously unsatisfactory and is considered as being only palliative and not at all curative. In femoral hernias, on account of motions of thigh, it is difficult to apply. and especially to maintain pad-pressure in a position conducive to closure of the hernial openings.

Coley, whose clinical experience with the treatment and cure of hernia is greater than that of any other living American surgeon, supplements to high ligation and ablation of the hernial sac with the thorough re-

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moval of all extra-peritoneal fat the following step: He introduces a purse-string suture of kangaroo tendon in such a way as to bring the floor of the femoral canal in contact with the roof.

1908 S. Trumbull Ave.,
Chicago, Ill.

(To be continued.)

INDIGESTION AND THE EXPLORATORY INCISION.

By J. Thompson Schell, M.D.

Chief Surgeon to the Northwestern General Hospital, Philadelphia.

Indigestion is always a symptom, and never a disease. The sooner we get this fact clearly and conclusively settled in our minds, the better it will be for our patients.

The patient who seeks relief from the various symptoms of indigestion cares little for the scientific classification of his or her illness, but wishes prompt and speedy results, and the doctor in his anxiety to bring about brilliant symptomatic cures very frequently does not seek for the actual underlying disease.

That we only have ourselves to blame for many so-called schools of medicine, which are now cropping up everywhere, I cincerely believe, for if we were more painstaking and careful in making diagnoses, and were *never satisfied with the treatment of symptoms,* there would be so few dissatisfied patients that the irregular practitioners would receive such poor support that their existence would be temporary indeed.

Mayo, in 1900, strongly advised the medical profession, where any cases of *suspected* cancer of stomach were suspected, to call in a surgeon, and insist on an *early* exploratory incision. His advice, also that of many other surgeons, has gradually become more and more accepted, and exploratory operations are becoming more and more resorted to each year, with some very gratifying and brilliant results.

While I believe that the radiologist, the laboratory worker, the clenician and the surgeon should work hand in hand, my experience has been that a great deal of valuable time is often times lost by undue examinations, and at times have found that both the X-ray and laboratory findings are confusing, and rather tend to than prevent diagnostic errors. To my mind, a careful history, combined with a painstaking physical examination and moderate amount of medical treatment, will in the majority of cases serve the best interest of the patient, and will give sufficient data to decide as to the justification of an exploratory incision. I have at this time a patient who has been subjected to four analyses of stomach contents and one X-ray picture, and the diagnosis was not made until an exploratory operation revealed a scirrhous carcinoma at the pylorus, on which a partial gastrectomy was done; also another patient who gave a history of seven years of chronic indigestion with acute exacerbations of pain and vomiting, and who in the last attack finally fell unconscious on the street, a hurried operation showed a gangrenous and adherent appendix, no doubt the actual cause of his long drawn out obscure illness.

In addition to this, within the last month, I have removed a surgical kidney containing a large stone and multiple foci of purulent infection. The patient had been treated more or less constantly for chronic intestinal indigestion. These suggestive and illuminating experiences are also the common experiences of every medical man, and surely argue very forcibly in favor of an early and correct diagnosis, and I know of no other as definite and precise methods as the actual open surgical incision. I do not wish to be understood as advocating an exploratory operation in all cases of indigestion, but I do think that patients, who give histories of long drawn out indigestion, should be held guilty of harboring in their abdominal cavities some serious pathological condition, until it is proven otherwise, either by an absolute disappearance of the symptoms by careful (but not too long drawn out) medical and dietetic treatment, or by an exploratory operation. I have just discharged another patient who, after repeated examinations, both in this country and abroad, including all the accepted methods, and on whom

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three different diagnoses were made, has been cured by the removal of a large and œdematous subperitoneal fibroid, which had reflexly produced her symptoms.

I have about reached the conclusion that chronic and relapsing indigestion is just another way of saying that the patient is suffering from a real pathological change in one of the many intra abdominal organs, and we should never rest satisfied until the offending kidney, gall bladder, stomach, duodenum, uterus, appendix, pancreas, or what not, is ferreted out, and properly treated, and I know of no other methods that are as sure, safe and reliable as—1st, a careful history; 2d, a precise and painstaking physical examination, and last, but not least, an exploratory incision.

1832 Diamond St., Philadelphia.

DIPSOMANIA—A REMINISCENCE OF A DISSECTING-ROOM EPISODE.

In narrating those long-past events I will not mention the name of the medical institution in which it occurred, nor the name of the subject of this rather singular method of treatment for the desire for strong drink, for the courteous reason that some of the faculty and others connected with the incident, may still survive, and might not kindly view the revelation of these events after the lapse of so many years. This omission of names, dates and locality need not, however, detract from the interest of the narrative so far as it is related to practical applied principles.

It will be recalled by many perhaps that at about the time I am alluding to, that dissecting material for medical colleges was at times hard to procure. As these provisions were not so liberally bestowed by the hospitals, and other recognized legitimate authorities, as we have it to-day. This fact made it necessary for those who wished to study anatomy, physiology, and pathology to resort to methods not altogether approved by the refined and tender feelings of those who mourned their departed friends who were resting in the grave. It was therefore often the case that medical resurrections were resorted to. Sometimes, though strange to relate, a case of somatic death or premature entombment was brought to light. A case of this kind which is more remarkable than the case related by Dr. Armor. I am bringing to notice a dissecting-room experience which I am writing and which I intend to offer to some magazine, if I can get time to complete it. The case I wish in this article to bring to the notice of the readers of the SUMMARY was not a post mortem subject, but one we called dead drunk, and I will say farther of him that he was often found in this condition.

He was a pretty good sort of man, an American, about 35 years of age, had a wife, a fine woman; and three or four children, and when not intoxicated was kind and affectionate and provided well. He perhaps was of Irish extraction, was liberally educated, and was a fine mechanic.

I think his Irish father must have begotten him in some of his whiskey debauches and stamped him a dipsomaniac.

I believe this, as well as a large per cent. of pathologic and criminal tendencies are passed to the pre-natal generation through the debauched and much abused channel of generation. This constitutes heredity, and should point out unerringly the proper course to follow in order to elevate the race, relieve it from disease and crime, and conduce to race longevity. I believe that this is the real fountain of youth, and by purifying it we may rejuvenate the race.

It is considered that the liquor habit when developed in one who inherits the desire is very difficult to cure, but I consider the one that I am writing about here was cured.

At the time these things transpired we had very cold weather, and the ground was covered with snow, a circumstance which made sleighing the most convenient method of transportation available in the city, and so it turned out that the gentleman under consideration here, having been discovered down, in an alley in the vicinity of the college, was brought to the back door of the building in a sled, and carried up to the second story, and into the dissecting room, which was situated about midway of the building in that story.

After depositing him on one of the tables he was examined in order to ascer-

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tain the damage done to his vitality by the exposure to the cold.

It has been my observation that those who are under the influence of alcoholic drinks succumb to the influence of low temperature much more rapidly than those who are duly sober; and the only way that I can explain this is, strong drink quickens the respiration and the heart-beat, and thus throws the blood to the surface, filling up the superficial capillaries which brings quite a quantity of the blood close to the cold weather, this being cooled by close proximity with the frigid air, and then returned through the veins to the heart and then to the lungs, where it again receives the cooling effect to the cold through the shallow respiration which permits very imperfect oxigenization, and thus a person under the foregoing conditions is many times more exposed to the fatal effects of the cold, as each round of the circulation bring a large quantitay of the blood to the superficial capillaries which, mingling with the blood of the general circulation reduces the general temperature.

A hasty examination revealed the condition of the victim to be in a maudlin delirious inebrity. I wish to say here that in this state, especially in subjects of sanguine temperament, of which this was a type, and the same will apply to the lymphatic, those in the condition noted in our case are very susceptable to hypnosis or hypnotic suggestion; and this knowledge determined the course of treatment which I here briefly relate.

The professor of anatomy rendered his face phosphorescent, then placed chemical combustibles in some old iron mortars; and had them manipulated carefully, so as to cause light explosions, and impart to the atmosphere a slight odor of sulphur, and to make it still more impressive, had an old gong sounded in such a manner as to somewhat imitate thunder, and also at the same time he had electricity slightly applied to feet, using an electric or galvanic battery.

The somber surroundings, added to by students in shadowy parts of the room, and here I might say that the room at no place was illuminated but dimly, only one of the seven chandeliers being turned on. The conversation was carried on in suppressed voices about Hades, or Hell, from a pagan and not a theological standpoint, others laughing mocking at some imaginary imp, who in return seemed to manifest a blissful mirth at the victim who is doomed to furnish the orgies for the night.

About the time the professor had organized his plan of experiment, the patient on the table began to respond to the influence of the electric current enough to receive impressions on the sensorium and give evidence of being capable of receiving suggestions. As soon as this was perceived by the professor of anatomy, whom I will now name Hades, he stepped up to the table and placed his thumbs one over each orbit, and with fingers reaching down on each side of the neck and making slight pressure over external carotid arteries, and at the same time had one of the students place a galvanic button in the region of the junction of the cervico-atloid region, or perhaps to be more explicit we might say this experiment involved the cervico-atloid region.

Immediately after this application in the manner related our worshiper at the shrine of Bacchus drew up his feet, and uttered an unearthly yell, and remarked in a drawling manner, saying: "I must have arrived in hell, from the odor I smell of brimstone, but where is old Hades?" Just at this moment old Hades had some powder exploded near the table, and through the flash of light Hades revealed his presence to his distorted vision. "Oh, yes," exclaimed Bacchus, "I see you. Well, you got me, but you have a tough one." To this Hades replied: "Yes, you are tough, and we should have had you here before, but we were compelled to await to see whether you would keep your last solemn pledge, and quit destroying your wife and children or not." At which statement Bacchus began to yell and rave and weep and beg Hades to have mercy if his infernal Majesty had any conception of what mercy meant.

To which abusive language Hades had a laugh echo through the room with the explosion of several small amounts of powder, which would still give to his deranged brain the impression of sulphur and fire.

Bacchus now became an humble petitioner to Hades, who assumed a grim and unmoved countenance. He begged to be

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returned to earth to his sweet wife and children, to whom he wished to have a chance to atone for his passed cruelty.

To all which entreaties Hades had a grim ironical smile on his stern lips, and further indulged in inflicting slight flagilation on Bacchus, who wreathed and groaned, and promised to do what mortals cannot do.

At this stage of the ghostly and grim drama; the dialogue between them became very significant as relates to suggestion under similar conditions.

After long and earnest pleading, Æsculapius approached and questioned Bacchus thus: "How many pledges have you broken which you made to your wife, vowing before a greater and more powerful God than the Mythes of— of paganism has granted to me as god of Medicine; for you to have called the supreme God of the Universe who made man, even Jehovah; to witness your vows; and then you have broken them with impunity."

"Yon ask me to restore you to earth, and your friends again. I will inquire of you here what part of the terrestrial ball did you inhabit? And then your restoration to a temporary probation on earth life again will altogether depend on the will of the God of Gods; who is revealed to you mortals as Jehovah God.

"If He is willing to let you go back again I will forego what pleasure is allowed me in helping you to pay the penalty of your sins, till I get a hold of you again, some time in the near future."

About this time a lot of firecrackers were exploded around, on and under the table, and Bacchus continued his eloquent and vehement pleading, until I am sure that if I had been impersonating the god of Medicine, or even the Hadian god Pluto, I should have sent him back to earth to have gotten him out of the region I controlled if the great God would have permitted. The professor of anatomy was a devout believer in the inspiration of the Bible, and the plan of human salvation through Jesus Christ the Son of Jehovah God, hence you perceive that he wished his class to understand that he acknowledged God as supreme over all the celestial and infernal gods of Egypt, Greece and Rome. At any rate it was decided by these petty gods of the college that the poor inebriate, after signing a solemn pledge to drink no more should be returned to earth and his own domestic environments.

Now the preparations for his return began. He was rapidly anesthetized to a considerable degree of narcosis by the administration of a combination of the A. C. C comp., or in other words, an anesthetic composed as near as I remember of alcohol 1 part, chloroform 2 parts, ether 3 parts volumetric quantities. This as a good safe anesthetic. This he was caused to inhale and he was wrapped in warm rugs, and carried out to the sleigh and driven home. The professor also prepared something to give him if necessary when he was taken home. His wife received him, being nearly wild from uneasiness on account of his absence.

His wife a few days after the events related here reported what we have to relate as a conclusion; to report in this case a suggestive cure for dipsomania. Here, then, is what she tells:

"It was about 1.30 P.M. when my husband was brought home. After being put in his bed he continued to sleep the deep, unconscious sleep of those who have been put to sleep with chloroform till about 3 o'clock. At about this time he became restless, and occasionally muttered something, and would call my name in his disturbed sleep. This disturbed condition continued till about 5 o'clock, when he called to me and wished to tell me something wonderful, which he declared had occurred to him as an awful experience. He said, above all things, he craved my pardon for the unkindness he had shown to me and desired me to pray to God for the sake of Christ, to pardon and help him to keep his solemn pledge to drink no more, and to enable him to do a husband's duty by me.

"After assuring him of my pardon and telling him that I always made him a subject of my prayers to our Savior Jesus Christ, he made a statement somewhat as follows:

"I had been drinking heavily all day, and the last thing that I can call to mind is the circumstances that I was down in some alley and could not get on my feet. All then was blank to me, except at one time I

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had a vague sensation of being rapidly transported somewhere; then after an indefinite period of repose, I awoke to find myself surrounded by ghostly forms in a place filled with human bones and my olfactories were greeted with the odor of sulphur, and I was startled by strange, unearthly voices, with an occasional sense of pain. These conditions caused me such agony that I could no longer refrain from crying out and praying. To my petition, the answer came informing me that prayers were useless here. I inquired to find out where I was and was informed by one who had a hideous glowing face that I was in hell. I remembered, however, of having read in the Bible how the prophet Jonah cried out from the stomach of the whale, and he obtained liberty through the mercy of the Deity, and this encouraged me to pray louder. This untiring persistency seemed to excite meriment among the employees for a while. I became assured, however, that I was in hell, and I called to mind that Jesus Christ had commanded to resist the devil, and so I invoked Jehovah through Christ, and this seemed to restore order in some degree, and procured for me some consideration. The chief told me that if I would sign a pledge in the presence of the demons of this region, to quit drinking strong drink, and treat my family kindly, that it had been decreed that I would be restored to earth and my family. I gladly signed that pledge, and I sank immediately into a dreamless slumber and have just recovered my faculties to find myself in my bed and surrounded by my sweet wife and children.

"My dear wife, I have surely been to hell and back, and will say that it has had the effect to cure me of the liquor habit."

I will add here, that I believe he never drank any more, and although the method of treatment was rather peculiar and seemingly severe, almost barbarous, yet I think was justified by the results.

This narrative which I have given is proof to me of the power of suggestion in the treatment of chronic alcoholism, and that under conditions where the victim can be impressed by the intervention of supernal agencies the more likely is the experience to be of practical benefit. It has not been many years in the past when a considerable per cent of the good doctors indulged in drinking in order to exalt the faculties, to enable them to stand the strain of their professional responsibilities. But alas this soon proved, where indulged in for a great length of time, to be as one of the sacred writers said of wine, "It is a mocker."

Another difficulty in this is, if at any time the whiskey was out it was such a suggestion that in a night call, when required to attend, morphine could be called in to supply the needed whiskey when not obtainable. And thus the drug habit became established in many cases in medical men.

In this connection I will say, if you wish to sober up a drunken doctor for short order services, give the following:

℞ Ammonii chloridum....gr. xxx.
Aqua minth pip.....ʒiv.

M. Sig.—Take at a draught, and if convenient prescribe about 2 oz. of fld. ext. populis monilifera in two teaspoonful doses every 2 hours for a few doses, which will enable the digestive organs to recover from the damage wrought by the alcohol intoxication to a great extent.

A doctor who is in the habit of drinking, however, should not be allowed to practice medicine. This would guard the people against the danger of drunken incompetency. I have had considerable personal experience in the drink habit, and know that whatever estimation a doctor may place on the intellectual control while under the influence of liquor his mind is not normal, therefore he is not sane, and when his faculties are what appear to him to be exalted this exalted condition is done at the expense of future vitality, or mental energy. And a corresponding depression is sure to follow as a reaction.

I say this is a well demonstrated truth before us. We should insist that members of our profession should be retired whenever they become addicted to even what might be termed moderate drinking. Entertaining this view of this important subject, I have endeavored with my sufferage on every occasion, to confine spiritous and vinous products to the field of pharmacy, therapeutics and the arts. I will conclude this paper, however, by saying that I do not entertain any hypothetical

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views, which would prohibit independent medical journals from receiving ads. which would point out to physicians manufacturers who produce a quality adapted to the therapy of this great therapeutic agent, even at the risk that some misguided doctor, or any one else, might obtain it for intoxicating purposes. I will repeat here, that as our Doctor Andrews has suggested a very good name which might be applied to "Duffy's Pure Malt Whiskey," namely, "Spiriticus frumenticus Americanus," by those who are so ethical they do not wish to give "honor to whom honor is due," and who would inaugurate a set of ethics in place of the genuine Christian ethics enunciated by our Lord and Savior Jesus Christ, which is somewhat in this style: "As ye would that men should do to you, do ye even so to them likewise, for this is the law and the prophets.'

W. M. ALTER, M.D.

England, Ark.

ELECTRODES.

BY J. R. ETTER, M.D.

EDITORIAL NOTE.—This is the seventh of Dr. Etter's series of short, practical articles The first appeared in May, omitted in September number. Each article complete in itself, the entire series when complete, will form a regular *vademecum* on "The Practical Application of Electricity as a Therapeutic Agent ' No general practitioner can afford to miss a single number of "The Summary" containing this series, which will probably be continued through the coming year, and will give the technique of application minus the theory. We have on hand a few back numbers, and new subscribers may commence with May issue, if they so desire.

It is not necessary that an ordinary operator need burden himself with all the fancy electrodes that are on the market in order to do good work. The larger number of cases that the ordinary physician will be called on to treat can be treated with a few simple electrodes, while the specialist in various kinds of work may require other and special electrodes.

I will describe a few of the electrodes that are commonly used. A hand electrode or pad, as devised by the author, will meet indications in almost all cases where the sinusoidal or faradic current is used. This electrode has a hard rubber handle and a circular disk cast in one piece, the disk being on the side of the handle, instead of on the end of the handle, as most electrodes of this class are. The advantage of having the disk placed on the side of the handle, is that it can be easily passed under the clothing, or placed on the back, or rubbed over the body, whereas, if it were on the end, the clothing would have to be removed. There is a hole through the handle through which a brass or copper wire is passed, leading to and connecting with a copper disk corresponding to the size of the rubber disk on the handle. On the face of this copper disk is placed a circular piece of sponge or felt, and over this a cloth of any kind may be used, which can be folded under the metal disk; and when it is clamped to the rubber handle by the wires spoken of, it will remain in place, will hold moisture well, and can be easily cleaned. all the parts being separable. The only thing there is to wear out about this electrode is the covering over the metal disk, which is easily and cheaply replaced. One can put on a clean cloth at each sitting, if so desired, but I have found that, by soaping the cloth face of the pads and rubbing the two pads together, they can be thoroughly cleaned without changing the cloth at each sitting. These pads have answered my purpose as well as the indifferent pad in cataphoresis in many kinds of cases, where the extreme large pad is not required. In cataphoresis, where I desire to limit the effect to a circumscribed area, I use a small copper disk covered with a layer of cotton; but, where we require larger diffusions, we would necessarily use a larger pad on the indifferent pole, which might be made either as a larger copper disk covered with cotton, or as the coil wire, cotton-covered pad recommended by other authors, or the large clay pad; but, as I said before, a large majority of cases of cataphoresis will not require the larger pad.

The needle and needle-holder is one of the commonly used electrodes by those who make any pretense to electrical treatments, from the fact that facial blemishes are so prevalent, especially among the feminine part of the community, that one is called upon almost daily to remedy those unsightly defects. Most needle-holders have a circuit breaker, but I have found this to be, not only unnecessary but

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very much in the way. I much prefer a solid connection through the holder to the needle. In all this class of work the needle is used on the negative pole; and, by having the current on the needle when you attempt to pass it through the growth or down to the root of the hair, you will find the needle penetrates much more easily than if there were no current on, and the shock is no greater when the needle point touches the growth than it would be if the needle were placed in the growth and then the current suddenly closed. Anyone who will attempt to pass a needle without the current through a wart or mole, and then have the negative current on the needle when he attempts to pass it, will instantly see the advantage of having the current on the needle; and, having no circuit breaker in the handle simply saves one more point that would be liable to make a bad connection. This style of needle-holder can be made simple, neat and light. It need not be larger than an ordinary lead pencil, and can be made any length desired.

Platinum needles are much more durable than any other kind, yet it is not necessary to use platinum. The needle is attached to the negative pole of the battery, as there is no destruction of metal from that pole and the needle will usually remain bright. I have found German silver to be the best substitute for platinum, it being a comparatively cheap metal. Steel needles are often used, but they rust between the times of using on one patient and that of another. Of course, owing the the great cheapness of steel needles, one might use a new needle for each case were it not that it is almost impossible to get a perfect connection with the needle-holder unless the needle is soldered in.

Intra-Uterine Electrodes.—The intra-uterine electrode that the author devised has met with considerable commendation among the profession. It has a hard rubber handle, which can be made any length desired, and through this handle is passed a copper wire extending out through the end of the handle and of sufficient length to reach the fundus of the uterus, the same as other uterine sounds would. Over this wire is placed an ordinary lisle-thread catheter, or other catheter that has sufficient substance to retain its shape. The copper wire projects through the end of this catheter a sufficient distance to screw on a metal tap of any length desired. The catheter acts as a perfect insulator through the cervix, and can be easily and cheaply replaced when it becomes in any way roughened. The copper wire can be bent to any curve desired, as readily as an ordinary uterine sound. I only use this style of electrode where electrolysis in some form is required. Where I use the sinusoidal or faradic current in the cavity of the uterus, I much prefer a plain metal sound, as stated in another place.

A very useful electrode, where one does much gynecological work, is one with a metal ball to which is attached a rubber or insulated handle. This ball can be placed in the cul-de-sac, while the other pole of the battery could be placed either over the abdomen or on the spine. It is generally better to cover this ball with cotton, as the bare metal is so painful the patient will not bear a sufficient amount of current. And another suggestion that I might make here, lest I forget it, is, I have found an ordinary bi-valve speculum is one of the best modes of transmitting current to the vaginal walls, as well as to the pelvic cavity, of anything in my experience. It stretches the folds of the vagina, and at the same time gives more surface; as an electrode, it distributes the current over the entire mucous surface and around the cervix without pain or inconvenience to the patient. One can have a small hole drilled somewhere in the external part of the speculum, of the proper size for a cord tip. Holes may be drilled in urethral sounds, rectal speculums, or any other class of instruments that the physician may have in his office, otherwise suitable for the work in hand. I have found an especial rectal electrode of much benefit in some cases where you might more readily reach the vicinity of the ovary or tubes. In stricture of the rectum, the ordinary dilators can be used and the current attached through them. This saves the physician who has a set of dilators from making extra purchases. I have also found in dilating the cervix that, by attaching one pole

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of the battery to the dilator, while the indifferent pole would be on the back, the cervix can be more easily dilated and with much less pain than to simply attempt to forcibly dilate. This would apply to any style or kind of dilator.

Crawfordsville, Ind.

"DEFINITE MEDICATION."

By D. L. Field, M.D.

"Hast thou considered my servant, Eli G. Jones, M.D., a just man and an upright?"

I am sure that Dr. Jones is a conscientious man, and that he thoroughly believes that his estimate of the honesty, motives, practices, and claims of the "regular" medical profession, are not founded upon broad principles. He says, in his able and practical book on "Definite Medication," that "Eclectic physicians have never asked for any medical laws to protect them; that medical laws are the creature of the regular school," My dear doctor, whatever laws are enacted are to prevent frauds, quacks, and imposters from preying upon the ignorant and innocent public, which help him as much as they do the regular school. He says, "Any law making it a crime to heal the sick is a disgrace to any State or country." We are not aware that there is any law to prevent anyone from healing the sick. It goes after pretenders only. If everybody were like Dr. Jones, we would need no law against death-dealing quacks. Medical laws are *not* primarily for the benefit of the medical profession, but to protect the public against imposters. The good doctor can't surely object to a "code of ethics," which is simply a "code of honor" between physicians. Every State has laws defending the qualifications required for the practice of medicine; and examinations by a State Board of Registration. Such boards examine and license qualified physicians and prevent incompetent and ignorant men from preying upon the public. Such regulations by law can do no harm to meritorious physicians of any school or system.

I don't like to hear as honorable and enlightened a physician as Dr. Jones speaking of the "unholy fads that come from the regular school." They have no such "unholy fads."

We don't kill with deadly narcotics, and he is pretty harsh to charge that "surgery for appendicitis is the greatest fraud of the century." It is strange also that he should say that vaccination doesn't protect. Now, my dear friend Dr. Jones, you are rather severe in your arraignment of those who are not of the "eclectic" system. Choosing out the good is all right, as we all want to do that, but it is not necessary to go outside the United States Pharmacopœia to do so. We all go to the medical armory for weapons to combat disease.

Finally, my good friend, let's be together in using effective, potential, definite medication, and not flatter ourselves that others may not know as much as we do, and have as much success in healing the sick.

Jeffersonville, Ind.

AN UNEQUAL STRUGGLE.

By B. G. R. Williams, M.D.

Author of "Laboratory Methods, With Special Reference to The Needs of The General Practitioner," "Surprises, Delights and Curiosities Encountered in Laboratory Work," etc., etc.

A servant is worthy of his hire. A poor servant is worth much less than a good one. He usually knows this and charges accordingly. However, he sometimes complains bitterly; and especially is this true of medical servants.

A man who squints at the tongue, taps at the shirt buttons, pokes once or twice at the belly and then looks wise, may earn twenty-five or fifty cents (medicine included), surely he earns no more. He knows this and charges it, and then makes a great fuss about it. He is a slipshod diagnostician, but is too lazy to increase his earning capacity.

Such a man will soon be deserted by his patients. He is now entering a contest where his chances will be unequal, and he will be shelved many years before he is

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able to retire in comfort. Our younger medical graduates are coming into his territory trained in accurate diagnostic methods and will quickly show him up. These men can perform the more valuable microscopic and chemical tests with ease and accuracy, and the people will appreciate this.

There was a time when the older man could buy a microscope and some apparatus and make a bluff, but now he must be able to use them. He must be able to identify the germs of diphtheria, gonorrhea ,syphilis, malaria, pus infections, as well as casts, blood and many other things, else the experienced man will make ducks and drakes out of his practice. This very thing is happening in some parts of the country.

It is high time the slipshod fellow were insuring his future. I have shown elsewhere that the best tests are the simple ones, the cheap ones and the time-saving ones, and that any practitioner with a little backbone can quickly master them.

I have been convinced by letters from other physicians who are thus informing themselves, that if a man fails to do these things, he will have only himself to blame in the future. Many men, even the older ones, are getting busy and are ready for the newer order of things. They take pains in their diagnostic work, do better work and let their patients see what this is meaning to them. Such men are not selling twenty-five cents' worth of medicine, but are charging good prices for their work. The people are learning that even medical servants are worth different prices. So get out of the rut, doctor, make a little smoke in the world and you will cease competing with the twenty-five-cent men. Get some good books on the subject of diagnosis, and as you are able add a good piece of apparatus now and then, and proceed to produce the goods. It will be a good investment. Incidentally let your patients see what pains you are taking and charge accordingly.

As certain of you who have read my articles elsewhere perhaps know, I have been interested in this subject for several years and am always willing to answer such questions as I may be able, provided my correspondents enclose their return postage. Some men buy expensive and impossible apparatus and books intended for research workers. While you must go slow, don't let this prevent you from going. Else these newer and better methods of diagnosis will make you look awfully cheap and you will waken up to this only when it is too late.

Paris, Ill.

THE NOSE.

By J. Wm. Trabert, M.D.

The nose, the nose, how finely it grows,
The countenance fair to adorn;
How straight the line flows, fair Greece to disclose,
How Roman in power and scorn.

The nose, the nose, how ugly it grows,
The countenance fair to disgrace;
As red as a rose, as if almost froze,
Or tilted or flat on the face.

—*T. S. Stein.*

A perfect nose is one of the rarest things to be found. Of the different features of the face the nose is undoubtedly the principal. It can mar or enhance the beauty of a face, no matter how perfect or imperfect the other features may be. Its original shape is provided for by Nature, but this may not be an ideal by any means.

Occupying such an important office as an organ, in the working of the body, it seems strange that the nose receives so little attention as it does.

In many cases, even of quite annoying catarrh, the individual bears with and neglects it entirely.

If a foreign body lodge in the eye, or if there be the least inflammation of the conjunctiva, the subject is forced to seek relief. If the mouth become ulcerated, or if there be a carious tooth he is made constantly aware of his trouble. If a physician meets with a fracture of almost any bone of the body, excepting those of the nose, he carefully splints and bandages to see that its functional usefulness may not be destroyed. But in the event of an in-

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jured nose very little treatment is employed.

The patient bestows so little attention upon it, because it does not, as a rule, cause physical pain, and often not even much discomfort. The most intense inflammatory trouble may exist here, and a large foul ulcer without causing any pain whatever.

It is not, therefore, a lack of sensory nerve distribution in the nose that accounts for absence of pain so much as the absence of mechanical conditions, such as muscular contraction and exercise by motion. The nose is rather a passive organ. Its most important function is not that of smelling but heating and filtering the inspired air. For this purpose the cavities of the nose are supplied with glands, which secrete almost a pint of mucus in 24 hours. This mucus washes down the throat into the stomach the dust and germs which have lodged in the nose. Notwithstanding its own disinfecting property, it is no wonder that acute and chronic disturbances are constantly met with.

The nose constitutes the gateway through which the life sustaining air enters and leaves the body. Upon its proper construction and functioning depends in a great measure the health of the individual. Anything within its passages that diverts or impedes the free and easy intake and return of air to and from the lungs, acts as a detriment to the organism, either directly or indirectly, locally or generally, immediately or subsequently.

The nose is also a resonator to the voice, and a source of air supply to the middle ear, by way of the eustachian tube.

So we see that respiration, olfaction, audition, speech and expression all depend more or less upon the presence of the nose.

It follows, then, that the long neglected nose should have most careful attention. It should be as systematically cleansed as are the mouth, the teeth, the ears, etc. A physician should never allow a nasal obstruction to go on without advising its correction.

Should there be adenoids in the nesopharyngeal vault they should be removed, for the presence of adenoids may mean little or a great deal.

See that all the obstacles to the fulfilment of the duties of the nose are removed, and whatever may be done to develop and maintain its full working capacity will be credited to the improvement in our general health, our feelings and appearances, besides the effect on our associates.

327 N. 9th St., Lebanon, Pa.

CHRONIC ULCERS.

After thoroughly cleansing the ulcerated surface with an antiseptic solution (carbolic acid or bichloride of mercury), says Albright's Office Practitioner, paint the ulcer with a saturated solution of per manganate of potash until it has become a deep purple; then apply hydrogen peroxide until it has completely decolorized the permanganate; after this apply a wet dressing of Burrow's fluid (lead acetate, one-half ounce; alum, one ounce; water, one pint). In two or three days you will be agreeably surprised to see new, healthy granulations covering the surface of the ulcer, and it will rarely be necessary to repeat the application of the permanganate and hydrogen peroxide, except to such portions as were not completely covered at the time of the first application.

This treatment is slightly painful, but will accomplish the same purpose as a curettment, and patients will not object to it. Using a curette over the surface and scarifying the edges of such an ulcer will frequently awaken new granulations, but we all know how frequently patients will object to the use of any instrument, and you will find this a safe, sure and pleasant method of overcoming one of the most annoying conditions which is met daily in the office.

Tuberculosis of bones develops in the epiphyses or the joint synovia. Lesions in the shaft are never tuberculosis.

There is no class of cases in which a prognosis is so often at variance with the extent of the injury as in cranial injuries. The prognosis in such cases should therefore always be guarded.

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Medical Gleanings

Under this head we endeavor to present a Condensed Summary of Practical Medicine, drawn from the best and most reliable sources, thus saving our readers much labor in winnowing out from the chaff, medical grains of real value.

TO CURE A COLD QUICKLY.

Stay in bed.

If you can't stay in bed stay in a comfortable room.

Avoid drafts, dust and external irritants of all kinds.

A pediluvia at night accompanied by Dover powder and hot lemonade.

But remain in next day or your now relaxed skin will invite "more cold."

Cathartic, of course. The cold may be or autotoxic origin.

Quinine may help bone-aching but it never helped a "cold in the head."

Sore throat and elongated uvula usually present.. Glycerite of tannin.

A spray or inhalation of menthol and cocaine soothes the nasal membranes.

Do not "feed a cold." Be abstemious. Soup, fruits, etc.

Do not "doctor" a cold unless you remain in your room with it.

IODINE IN SMALL-POX.

Dr. S. C. Rockhill used a 10 per cent. iodine and 90 per cent. glycerin mixture painted over the pustules of small-pox during the past year with very satisfactory results. It dries the pustule, causes absorption of the toxin and arrests the destruction of tissue, thus preventing the usual disfigurement. It has shortened the duration of the hospital stay from twenty-five to thirty days under the old treatment, to eight to fifteen days. The pustules on the face may be opened with a sterile instrument and touched up with tincture of iodine. Eighty-five patients have been treated by this method within the past year, with 100 per cent. of recoveries and an average stay in the hospital of twelve days.—*Medical Times.*

REMOVAL OF WARTS.

Dr. L. R. Hammond, in *American Medicine* states that large, painful warts may be removed by means of formaldehyde with much less pain than attends the use of other escharotics. He invariably uses formaldehyde of forty per cent. strength, undiluted and unmixed with any other agent. A wooden toothpick or a matchstick is dipped in it, and the adherent drop applied to the surface of the lesion every three or six hours for two or three days. The normal skin should not be touched by the agent, as dermatitis is thereby occasioned and the liability of scar formation increased. If more rapid removal is desired by the patient, the intervals between applications may be lessened. After several days, in small excrescences, and in about a week in the larger ones, where three applications have been made daily, devitalization of the tissue occurs and, the application of the agent having been discontinued, the growth will desiccate. Upon exfoliation the dermal layer will be found clean and unblemished; if it is not, another application or two will secure the desired result. If an open sore is produced, a healing ointment of zinc oxide or simple cerate is usually all that is needed.

THE LOCAL USE OF CALENDULA.

As arnica is applied to bruises and sprains, calendula is also applicable; and in addition it is of much service applied to recent wounds, cuts and open sores. It is antiseptic, preventing the formation of pus. It causes the scar of cicatrix to form without contraction of tissues, and in the simplest possible manner. It hastens the healing of wounds, and materially favors union of coated surfaces by first intention. It relieves the pain.

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HEMOPTYSIS IN TUBERCULOSIS.

In an exhaustive article in a late issue of the *Medical Record* under the above capton, Dr. T. Frazer, of Asheville, N. C., presents the following treatment:

Although there exists considerable difference of opinion as to the causes of hemoptysis, there is practical uniformity in the methods employed in the treatment of this condition, despite the use of drugs apparently antagonistic in their action and other minor details. The first indication is to reduce blood-pressure; as Smith says: "This constitutes the most rational and successful line of treatment."

As hemoptyses are sometimes preceded by a sense of tightness in the chest or by the presence of blood-streaked sputum, it may be possible to prevent their occurrence by insisting on absolute rest and by the administration of a drug—such as the nitrites—with the view of decreasing vascular pressure. Either of the following may be used:

℞ Sp. nitroglycerin.....mx xv.
Aqua .....ʒij.
Dose—3j.

℞ Sodii nitritis.....gr. xv.
Aqua .....ʒij.
Dose—3j.

A teaspoonful of either of the above may be given every four hours for two or three days.

More commonly, perhaps, the patient receives no warning and the physician is summoned to treat an active hemorrhage. In the presence of this condition the indications are three in number: to secure absolute physical rest, to quiet the fears of the patient, and to lower the blood-pressure, attempting in this manner to favor the formation of a clot, which is nature's method of checking hemorrhage.

WHOOPING COUGH.

℞ Bromoform .....mxxvj.
Alcohol..... } .....āā ʒij.
Tinct. card. co.... }
Glycerin.....q.s. ad. ʒij.

M. Sig.—Teaspoonful three times a day.

AGARISIN.

The best of all drugs used for the night sweats in tuberculosis probably is agarisin. Under its use the skin remains in a dry condition, without suspicion of any kind of cutaneous action. Repetition does not appear to weaken its power. Dose, half a grain, which may be given at bed-time, or one dose late in the afternoon, and a second in four or five hours.

FOR LARYNGITIS.

The following hygienic directions with the formula may give a pointer for the treatment of chronic cases of laryngitis:

Practice abdominal breathing (deep breathing). Sponge the neck, chest, back and under the arm to the waist-line with cold water night and morning; follow by a brisk rubbing with a rough towel. Do not wear mufflers or anything to confine the throat. Take capsules of cod liver oil with creosote (3 minims) three times daily two hours after meals for two months; also take the following:

℞ Ferri reduct.....gr. j.
Quin. sulph.....gr. ss.
Acid. arsen.....gr. 1/100.
Hydrarg. chlor. corros..gr. 1/100.
Strych. sulph.....gr. 1/60.

M. Ft.—One tablet, No. 200.

Sig.—One (crush) with water immediately after each meal.

MENTHOL OINTMENT FOR HEADACHE.

℞ Lanolin .....85 parts.
Paraffin oil..... 5 parts.
Melt together and add:
Menthol .....10 parts.

THE APOPLECTIC SEIZURE.

Put the patient to bed, elevate the head and apply cold, while warm applications are made to the feet and the rest of the body. Draw off the urine. Enjoin absolute rest and forbid food for 48 hours. Give a saline enema and put from one to four drops of croton oil on the tongue.

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Notes and Queries

For this Department we cordially invite Questions, Comments and Criticisms on all Topics of interest to the Physician in his daily work for relief of the sick, thus making the Summary a valuable medium of communication between the medical profession.

Correspondents will give their names and addresses, but initials will only be printed when desired.

The queries in this issue awaits the Answers which our intelligent readers may be pleased to contribute for publication in our next.

THE PROLONGATION OF HEART LIFE.

Editor Medical Summary:—

Recently a paper (July, 1912), entitled as above, was written by Dr. Waugh and published in the *New York Medical Journal.* It must have done good—set the medical world thinking in a long-neglected direction. However, I do not agree with all his statements. He speaks of the unresting heart, but when we sleep or assume a horizontal position, like the unresting kidney, liver, and *et al.* glands, it rests in part, though never as a whole, and when in whole or part one fails to do its work the human neurotic telephone promptly reports to the occupant, where and to what extent is the injury, as well as the extent of the relief afforded; the physician's success in treatment depends upon this. True, the blood must be kept pure to properly nourish the muscular system. In old age we burn more fuel (food) than the occupant can furnish and he has to use some of the material of which the tenement he occupies is constructed. After the furniture (fat, etc.,) has been consumed, then the interior must be used, the structure becoming smaller and smaller (atrophy of the muscles) until the house becomes untenantable and the occupant, frozen out, must vacate. In youth I weighed 155 pounds; now, at 75, my weight is 110, forty-five pounds consumed.

Speaking of keeping the blood pure, one of the most important things—for this has always been overlooked—is deep breathing. The average volume of air which enters and leaves the lungs during breathing—tidal air—is 20 cubic inches; forced inspiration increases it to 110 cubic inches—complimental air; by forced expiration you add 100 more, leaving as stationary air 100 cubic inches. As the purpose of the air, by a chemical process, is to purify the blood the importance of deep breathing must be apparent.

Old persons breathe like they step, slow and short, and the lack of sufficient oxygen in their lungs, the purple stream coursing through their body shows forth more plainly than can be told in language. Let there be more deep breathing and there will be a less number of kidney, lung, liver and other overworked depurating organs to treat. In this way we can keep the blood pure, even when lacking sufficient nutritive quality, and thus prolong heart life. During youth the veins have muscular support, but in old age this, in a measure, is withdrawn, and they become dilated, their torturous course being plainly seen; in consequence of this the blood current slows down and frequently causes "anasarca swamp," which must be drained by the bowels and kidneys. I do not use tobacco, and I question if any one can say that the person so addicted would have lived longer had he not formed this habit.

The man fifty pounds above the average for his height, always complains of "short breath," and here again you have superficial breathing. Give such a person perfect oxigenized blood by deep breathing and dietic treatment will be unnecessary for relief from this trouble, although better for a reduction of the excessive deposit of adipose tissue.

It may be an "absurd, preposterous medical method" to come to the doctor only when ill," but at present a change from this method is not in sight. Doctors are not always wanted by the *sick,* and *never* by the well, so "directing the people that they may not become ill" requires an obedience to be seen only on rare occasions. Many

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doctors have habits not conducive to good health, and "directions and guiding" from such a polluted source would hardly be followed. Doctors have their own way to treat disease, and it is reasonable to suppose that each teacher would instruct his pupils *his way* to avoid being sick. If after receiving such instruction the applicant was asked what he was going to do, I imagine his answer would be like that of Sherman on his march to the sea, when asked by an old rebel: "Gin-er-al, what moight you-ans be gwi-ing to der." "Pretty much what we damn please," was the answer.

The late Dr. I. N. Love, when returning from Europe, gave the passengers instructions what they should do to live one hundred years in comparative good health, but ere he finished his discourse, although in the prime of life, he fell dead at their feet. Such cases call to mind what Josh Billings said: "I'd rather talk to the man that did not know much than to one who knew so many things there wasn't any truth in."

In conclusion, then, keep in mind that the heart is a propulsion organ; kidney, like all the excretory glands, a detective one, ever on duty to expel undesirable occupants traveling through it in the ever-passing life current. The man (soul) is encased in a human engine, which requires twenty-one years to complete. After it is finished it is the most wonderful of creative things. To ascend the mountain of life, for which it was created, it must be kept in perfect working order, and many fail to reach the top because they wore out their machine in pursuit of pleasure. When the machines (bodies) need repair, then it is that a master mechanic (doctor) is called to examine it and if possible repair the injured part.

Anything which obstructs the normal flow of the blood will in some part cause an inorganic infiltration (gravity) deposit in the containing tube, most frequently where there is less support (brain), causing arteriosclerosis on the muscular banks, and this deposit will bear the name of its microbic structural formation, be it cancer or something else, and treatment should be directed not to the disease, but the condition inducing it Analyze the urine and take the blood pressure, as it will oftimes reveal a cause unsuspected. I believe many physicians neglect this plan of obtaining valuable information, making sink and roadside analysis, pouring out the specimen. I imagine I hear, soto voice, "Don't judge others by yourself." No, but if the old saying, "If the coat fits put it on," was consistently carried out it would take a wholesale (stock) psychological tailor to fill the demand.

AMOS SAWYER, M.D.

Hillsboro, Ill.

FURUNCULOSIS AND CARBUNCLES

Editor Medical Summary:—

Boils are easily treated, as they soon run their course. While they are painful, especially in certain parts of the body, yet they are of short duration. However, there is frequently a condition of the system which demands active treatment to prevent recurrence of boils. I am in the habit of administering good sized doses of sulphur precipt. and potass. bitrat.—one part of the first and two parts of the latter—and the boils disappear. Arsenauro is also good, in doses of ten drops, three times a day. Try it for skin troubles.

The tug of war comes when you tackle a carbuncle. There are all sorts of remedies recommended. I am in the habit of using a poultice composed of linseed, slippery elm, salicylic acid, carbolic acid, cocaine, pwd. cinchona and pure lard, or vaseline. This is used freely, and the parts cleaned twice in the twenty-four hours with a lather of pure ichthyol soap. If the discharge decreases, and the slough pretty well completed, I use basilicon ointment, or unguentine. Ichthyol and lanolin may be used before the unguentine. I never have any trouble to break down the anthrax by the free use of the above hot medicated, antiseptic poultice. A poultice may be antiquated, but it sure does the work all right.

D. L. FIELD, M.D.

Jeffersonville, Ind.

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THE OCTOBER SUMMARY.

Editor Medical Summary:—

Ye editor has the right ideas relative to the fee question, and the family should read the leading editorial. The fees should be in proportion to the amount of work done, and time expended, and never too low. It will not be long until every State in the Union has laws which will tend to, if not wholly, check degeneracy. Chloroform should be employed in obstetrics, as elsewhere, with care, in that complications, due to the drug, may not follow. A good many of us have found that the combination of hyoscine, morphine and cactin fills all the purposes of chloroform, and without the possible after effects. Teaching of sex hygiene is going to have an effect to overcome degeneracy. There is no other reason than that extended by the prude, that interferes with mention of the sexual organs. Mock modesty is rapidly becoming a thing of the past, and with its disappearance we find that the moral plane is enlarging. The remarks relative to soft drinks are good, and furnish arguments for all of us. There are too many dope fiends without making more through this avenue. Much is said relative to the advertising policies of the independent medical magazines and we know that our editor is invariably going to stay within bounds of ethics and decency, as is shown by his editorial. The editor always gives us a little in the way of practical therapeutics, and his remarks regarding croton oil are worthy of attention. "Boil It Down" is good. Too much verbosity seems to rule in the average medical article, far too much. Half an inch space not infrequently carries a thought of far greater value than appears in an article two or three pages long. A couple of little editorialettes are to the point.

If we are to follow Brady's ideas regarding the repair of wounds we would undoubtedly have but little trouble with this portion of our surgical work. I disagree with him to some extent regarding the use of chemical antiseptics. I have seen a sublimate solution do wonders in several cases in which it seemed to be clearly contraindicated. One case I have in mind, in which a granulated area became infected, applications of hot sublimate solution cleaned off the surface, put a stop to the infective process, and did not destroy, but rather stimulated epithelial proliferation.

Redfield is keeping up a high-grade post graduate course in therapeutics, which I feel sure will prove beneficial to the readers of The SUMMARY. It is becoming an accepted fact that the active principles are to be *the* therapeutic agents of the future. Even those who decried their use less than half a decade ago are now encouraging their use, recognizing the fact that they are sure, both as to dosage and effect.

Ritter's report of cases of toxemia of pregnancy are interesting. If the practitioner would see to it that the bowels are kept clear and clean throughout the course of pregnancy and that the eliminative organs were kept reasonably active, toxemia would be practically wiped out. Too little attention to the pregnant woman is the rule, and not the exception. Prior treatment of the woman in such condition is as necessary as any other procedure.

Young's history of systems of practice makes interesting reading, and offers a reilef from the dryness of those papers which are devoted to consideration of medicine of the present.

The fact that hernias of the tubes and ovaries occur in more instances than are recognized is brought very forcibly to our mind by Heineck, in an article which should have the attention of the general practitioner as well as the specialist. He points out how we may recognize such conditions, and in such a way as to make them plain of view.

The continuance of Etter's series on electrical therapeutics shows absolutely no tendency to deterioration. This series is of great value to those who are unable to take post graduate courses in this branch of medicine. It should be clipped and assembled by every reader of The SUMMARY.

We will pass over those remarks by Servoss on the August SUMMARY, even though the editor says that they are good.

There are a lot of good things, as is usually (we might say invariably) the case, in Medical Gleanings. The editor has the

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faculty of getting the best in conning the other journals.

Black brings out some good points, which will undoubtedly bring forth more or less argument in his query, "Can Deafness Be Cured?" and we shall look for further remarks on this subject.

Fairex advances what seems to be a new treatment for acne vulgaris. He says nothing relative to systemic treatment, through which toxemias may be overcome and the general tone increased. Intestinal antiseptics, after clearing up the bowel, seem to work well in such cases.

Gonorrhea in the male has been the subject for discussion, time out of mind, and while Charbonneau may not offer anything particularly new, in the way of ideas, his little paper is worthy of more than passing attention. We note very happily that he does not employ the astringent injections, but relies wholly upon the antiseptic treatment, which, in our mind, is the best.

We hope that Dr. Miller's request for opinions relative to teaching sexual hygiene in the schools will bring forth many ideas on that subject. It is worthy of much discussion, as it means the elevation of the race.

Sour has started the ball rolling in his "Notes From Everyday Practice," which offers a suggestion to every reader of The SUMMARY. There are a lot of little things, or seemingly little in our minds, coming before our notice every day, and some of them might be valuable to our brothers, if reported. Let every reader of The SUMMARY give us some little report from time to time. It may help the rest of us.

While some have concluded that echinacea is practically without action, the remarks of Alter would make us believe to the contrary. A good many clinicians are finding that laboratory findings are not absolute, not by any means, and that clinical observations are still worthy of note.

There is a business side to medicine, and we should all give attention to the few, and well taken, remarks on the subject by Haase. We should see to it that contract work of all sorts is wiped out, unless it is on such basis as will guarantee a living wage.

But very little is said in the books relative to treatment of those poisoned with kerosene, or other oils, and the "Peculiar Case" cited by Bogardus should bring this matter more forcibly to mind. In one or two cases, coming under the observation of the writer within recent years, he has found that an initial clearing of the bowels with castor oil, and that followed by small amounts of olive oil at frequent intervals, seems the most efficient treatment, in so far as the alimentary tract is concerned. Other symptoms should be met as they arise, and treated individually, according to indications. The castor and olive oils seem to allay irritation of the alimentary tract and to overcome danger of much absorption.

While the day of favorite prescriptions is on the wane, still there are a few which seem very applicable. The single remedy for the single indication is the rule, rather than the exception. However, the mixtures mentioned should not be passed by without some attention, as one may find something good in them.

As is always the case, the Summary Gleanings contain much that is good, told in a few words, and easily absorbed and remembered. It is the little things that count, as a rule, and if one were to clip the Gleanings and paste them up somewhere for future reference, he would, without a single doubt, find something valuable for practically every case presenting.

The reader should not stop with the reading pages of any journal, but should con the ads. Some of them tell a good story and one may find some very valuable information in these pages. While some might find fault with some of the ads. in every journal published, and more especially the independents, still it frequently happens that they are not one-half as bad as painted, nor the the advertisers, in the majority of instances, guilty of one-half the sins for which they are indicted. We frequently gain little things of value from the ad. pages which never appear in those devoted to literary efforts.

GEORGE L. SERVOSS, M.D.

Gardnerville, Nev.

In all fevers not of septic origin, gelsemium will prove an effective remedy.

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PELLAGRA.

Editor Medical Summary:—

Several cases of pellagra have come to me recently from other doctors. All had been treated for some form of rheumatism or syphilis.

One man was in an advanced stage, and had been treated by several doctors for syphilis; another had suffered many things of many physicians for rheumatism. The mercury and iodide of potassium treatment had been given to a poisonous extent without any relief.

The deep red spots generally on the face or extremities tell the story. Some have them on the arms which move, in some cases, rapidly. One young man had only one or two spots on his face, but when I began treating him his brain was invaded sufficiently to cause him to make vague answers at times.

In every case the writer has treated the tongue was red, but not the contracted red tongue so often seen in fever, neither was it the full rose red that indicates a heavy diet of hog's meat, but it resembled an inflamed muscle. There is a peculiar soreness of the muscles, but like rheumatism, it is of a fugitive nature. There is a slight edematous condition of the face, hands and feet. I gave:

℞ Iris .....ʒij.
Apocynum .....ʒij.
Echafolta .....ʒj.
Aqua .....qs. ad. ʒiv.

M. Sig.—A teaspoonful every three hours, one-tenth of a grain of calomel was given three times a day and other remedies added as needed. There was improvement from the beginning.

I want to add that if the doctor will give only such remedies as are plainly and specifically indicated, using honestly-made medicines, he will succeed in treating pellagra as well as any other chronic ailment.

I know doctors who will treat every case of any kind without looking at the tongue. Like the old man was about family prayer, *i. e.*, "There is no need of it." Wouldn't know what it indicated if they looked at it.

C. D. R. Kirk, M.D.

Shuqualak, Miss.

A LITTLE PHYSIOLOGY.

Editor Medical Summary:—

I know of no more dangerous accident that could befall a partuient woman than a post-partum hemorrhage, and I know of no greater benefactor than an obstetrician who can successfully manage these cases.

The environment is terrific, a mighty battle with death and the life of a human being in the *casus belli*. Victory will soon perch upon some standard, either that of death or a brave, nervy, competent physician, woman's noblest friend and greatest helper in this trying hour.

I have been there, and know it all, and whether competent or not, I have never lost a woman from this cause. Did I say brave? I was till I met my first case. Since then I have been a trembling coward, and I said to an aged physician, one of my best friends on earth, "If I knew I was going to such a case when I was called, I would have run and hid." Said he, "you are the very man to go; you know the great danger, feel your responsibility and know how to save the woman. Do thy duty."

I have seen many more cases than I ever want to see again. But I fear its occurrence in every case that I am called to. I go prepared. I do not care to speak of remedies. If you do not know what to do now, you are not a safe man to be about a woman in labor. But I want to mention some things to use and to do.

Not all, but some. Morphine and atropine hyperdermatically, especially the latter. Vinegar thrown into the uterus, cold water let fall from a height upon the epigastrium, or a cloth wrung out of cold water and laid over the lower abdomen. Rubbing or compressing the aorta. This latter is done with a mistaken idea. The accoucheur has the idea that he is withholding the blood from the bleeding uterine arteries, and probably is not accomplishing very much in that line. Well, what is he doing then? For we know that it helps, although I have never worked very much along this particular line.

A little glance at our anatomy and physiology will help us to see just what in reality we are doing.

There extends from what is known as

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the solar plexus to the bifurcatum of the great aorta, a plexus of nerves known as the plexus aorticus abdominalis, which controls the tractus intestinalis, urinarius genitalis, vascularis and eymphaticus.

When the physician attempts to check bleeding from the uterus, he does not accomplish anything by pressure upon the great aorta, but by irritating this plexus of nerves which excites uterine contraction. To do this, no roughness need be employed, light stroking or gentle kneading will quickly stimulate the aortic plexus which sends branches to the uterus. Any old woman will tell you how this tea or that, and the hotter the better, will stimulate contraction of the womb, and they will, but this aforesaid old woman does not know why.

The gastric plexus through the heat in the stomach stimulates the aortic plexus, and consequently the nerves which supply the uterus induce a more vigorous and frequent uterine rythm. Friction on the nipple or massage of the breasts will do the same thing, and from the same physiological cause.

M. G. PRICE, M.D.

Mosheim, Tenn.

SUPERFLUOUS HAIRS.

Editor Medical Summary:—

Can you give me some information about superfluous hair? I want to know its cause and how it can safely be removed.

Our family physician hinted that it indicated "the departure of the womanly." Can you tell me plainly? I know when women have passed the critical period of life hairs often appear, but what does it mean when the growth comes on a young person?

The electric needle was recommended to me. I paid four dollars an hour to have them removed, but now they are as bad as ever. Shall I repeat the expensive process or resort to tweezers or a razor? Do you know if they may be removed by the application of wax, without harm being done? I am afraid of face specialists, who say they have done it.

I know you physicians are very busy saving life, but doesn't the removal of that which makes life unpleasant come in your line of business also?

Please answer privately. I am enclosing a stamped envelope.

I shall be very grateful for a reply.

J. C. (Nurse.)

Seattle, Wash.

[We frequently hear, from different sections of the country, doctors complaining that they can hardly make ends meet, that they are poor, poverty stricken, etc.

In nine cases out of ten, it is their own fault. They are probably "too busy saving life"—but there are other things for a physician to do, and the writer of the above query opens up a field that could be cultivated by physicians who have leisure, as in almost every neighborhood there are some persons who would gladly pay the price if they knew some physician capable of "removing that which makes life unpleasant," as the writer of the above query expresses it.

This is only one of the many side shows, or special fields, in which a paying business could be done, satisfactory to both physician and patient; and there are others that could be cultivated with a little extra attention and study in the same way.

While saving life is of great importance, this is not all a physician should be interested in, if he wishes to make a financial success, or at least, a comfortable living from the practice of medicine. Let us hear from other members of The SUMMARY family in reply to the above query.—ED.]

In chronic laryngitis and pharyngitis, look for atrophic rhinitis, as this latter trouble is frequently the cause of the two former, by reason of the fact that the inspired air not being properly moistened in the nose absorbs the moisture from the pharynx and larynx, thereby causing a constant irritation. Any nasal obstruction may cause the same condition by forcing the patient to breathe through the mouth.

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REPORT OF CASES TREATED WITH RHEUMATISM PHYLACOGEN AND PITUITRIN.

Editor Medical Summary:—

I thought I might write a few lines giving my experience in the use of rheumatism phylacogen. One patient, a lady 35 years of age, married and mother of seven children, had rheumatism about eight months, during which time she was treated for five months by one physician and for three months by another, both of whom were leading, intelligent physicians, giving the old standard remedies, salicylates and iodides, etc. When I began the use of rheumatism phylacogen this patient was unable to walk. The ankle joints were much swollen and muscular pains were throughout the body.

I gave salines, epsom salts, every day for about a week, and then began the use of rheumatism phylacogen by injecting just under the skin 10 c.c. This dose was given two days in succession and then one day was omitted, after which every second day until six doses of 10 c.c. each were given.

The pains in muscles and joints subsided after the third injection was given, but I continued the treatment to produce immunity.

Four months have now elapsed since this patient was discharged as cured and she has not had rheumatic pains. I have given her particular instructions to avoid overeating, constipation and many other things detrimental to health.

The above is the history of one case, and I could quote many other similar cases in which I have obtained the same satisfactory results.

I have found that in older people suffering from various forms of rheumatism that have been chronic with them for years, and in cases complicated with indigestion, hyperacidity of the stomach, constipation, &c., that the cases are much more difficult in getting as satisfactory results.

I use a 10 c.c. glass barrel hypodermic syringe that can be sterilized. I believe in making the injection just under the skin. Where I have injected it into the muscle, it causes a very sore place, and sometimes adhesions form about the muscle at the place of injection. The therapeutic results are no better with deep injections. I select the thigh, buttock, abdomen, or any place where the skin can be raised above the muscle and away from joints. The reaction obtained from two to five hours after the injection is quite severe at times, but not always.

I had an obstetrical case a week ago in which I gave one injection of pituitrin with most satisfactory results. I gave the injection of 1 c.c. in the arm. No soreness was produced at point of injection. Labor pains began soon after and child was soon delivered. Afterbirth came with no difficulty.

The patient was in the second stage of labor and I waited five hours and there was little or no progress, until after I gave the hypodermatic injection of pituitrin.

F. J. FRALICK, M.D.

Greenville, Mich.

A USEFUL TABLET.

Editor Medical Summary:—

℞ Sodium salicylate.....gr. iss.
Acetanilid .....gr. iii1/4.
Fld. ext. digitalis.....♏j.
Nitroglycerin .....gr. 1/200.
Zinc sulphocarbolate.....gr. 1/5.
Capsicum .....gr. 1/10.

Mix. This makes one tablet. These tablets are analgesic, antipyretic, sedative, antirheumatic, antifermentative and antilithic.

They are useful in all febrile, painful and uric acid affections, particularly indicated in all neuralgic conditions, insomnia and inflammatory conditions of the respiratory tract. In severe pain these tablets will give almost immediate relief without depression, nausea or constipation.

As a uric acid eliminator they are preferable to the salicylates, as they cause no stomach or renal irritation. They are prompt, analgesic and sedative, and employed with good results in the treatment of grippe, tonsilitis, acute bronchitis, rheumatism, lithemic headaches, etc.

J. A. BURNETT, M.D.

Hartshorne, Okla.

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New Books
All Books reviewed in this department, will be sent postpaid by the publisher of the Summary upon receipt of the price quoted.

THERAPEUTICS MATERIA MEDICA AND PHARMACY, including the Special Therapeutics of Diseases and Symptoms, The Physiological and Therapeutical Actions of Drugs, The Modern Materia Medica, Official and Practical Pharmacy, Minute Directions for Prescription Writing, also the Antidotal and Antagonistic Treatment of Poisoning, by Samuel O. L. Potter, A.M., M.D., M.R.C.P., Lond. Formerly professor of the principles and practice of medicine in the Cooper Medical College of San Francisco; author of the "Quiz-Compends of Anatomy and Materia Medica," "An Index of Comparative Therapeutics," several articles in Foster's "Practical Therapeutics," and "Speech and Its Defects"; late major and surgeon of volunteers, U. S. Army. Twelfth edition, revised and enlarged. P. Blakiston's Son & Co., Publishers, 1912 Walnut St., Philadelphia. 1912. Price, cloth, $5.00.

In the tenth edition of this immensely popular work, which appeared during the latter part of 1907, the author, in the preface, stated that it was practically a new book, so thoroughly had it been rewritten and so extensive had been the incorporation of new matter.

The preface of the eleventh edition stated that 197 articles had been revised, and that nearly all of them had been rewritten, and in addition many other changes had been made in the text.

In this, the twelfth edition, according to the author's statement, 530 additions appear, including many absolutely new articles. The section on Serums and Vaccines has been rewritten, enlarged, and all obsolete material discarded.

This statement is made with the object in view of pointing out the author's indefatigable efforts in keeping his work right up to date with the latest developments of science.

No book of the kind published contains so much valuable information in such a concise and practical shape as this. The publishers' announcement that over 40,000 copies of the previous editions have been sold would be sufficient to substantiate the above statement conclusively.

This old and valued friend needs no commendation, much less an introduction. It should be in the library of every student and practitioner of medicine.

CASE HISTORIES IN MEDICINE, Illustrating the Diagnosis, Prognosis and Treatment of Disease. By Richard O. Cabot, M.D., Assistant Professor of Clinical Medicine, Harvard Medical School. Second Edition, Revised and Enlarged. 295 pages. W. M. Leonard, Publishers, 101 Tremont St., Boston, Mass. 1912. Price, cloth, $3.00.

This is a neatly printed book, in large, clean-cut type, of nearly 300 pages, presenting the histories of 100 cases, illustrating various infectious diseases, diseases of the gastro-intestinal and biliary tract, of the urinary tract of the circulation, of the respiratory system, of the nervous system, of the sympathetic and ductless glands, of unknown origin, and a complete appendix with some scattered notes of drug therapy, prognosis and treatment.

There is a short discussion of each case from the standpoint of diagnosis, prognosis and treatment. The plan is novel, and the style not only interesting, but impresses the reader more deeply than the cut and dried generalities, as it reminds him of a case parallel to that which he has seen in practice.

In the production of the manuscript for this book, the author claims to have had constantly in mind the needs of the general practitioner, and he gives a great deal of "what the patient and his family want," namely, prognosis and treatment.

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HIMSELF. Talks with Men Concerning Themselves, by E. B. Lowry, M.D., author of "Himself," "Truth," Etc., and Richard J. Lambert, M.D. Forbes & Company, Publishers, Chicago, Ill. 1912. Price, net, $1.00.

Dr. Lowry's books have been a great success, hundreds of eminent men have commended the author's work; they all stand most truly for the highest practical morality.

The latest "Himself" is no exception, and does honor to those books by the same author previously issued, as it contains all the helpful, distinctive qualities of the former books, now regarded as standard books on their respective subjects.

The present little volume of over 200 pages, presents in non-technical terms the things concerning the body that should be known by every adult male.

SURGERY AND THE DISEASES OF THE MOUTH AND JAWS. A practical treatise on the Surgery and Diseases of the Mouth and Allied Structures, by Vilray Papin Blair, A.M., M.D., Professor of Oral Surgery in the Washington University Dental School, and Associate in Surgery in the Washington University Medical School, with 384 illustrations. C. V. Mosby Company, Publishers, St. Louis. 1912. Price, cloth, $5.00.

The object of this work is to bridge the dental and medical aspect of the subject, as it were. In his preface, the author states that it was with the hope of presenting their more pertinent observations and deductions in a coördinated scheme that the present work was undertaken.

This book is handsomely printed on heavy coated paper and profusely illustrated with 284 excellent cuts, which help largely in elucidating the text. We wish to call particular attention to the thorough manner in which the author handles the subject, beauty and clearness of the illustrations, and also the detail of description.

There is probably no other work published better adapted to the use of those interested in the subject on which it treats.

THE PHYSICIAN'S FORMULARY.—Things a Doctor Ought to Make and How to Make Them. 144 pages, 6 x 9 in., double column. Physicians' Drug News Co., Publishers, Newark, N. J. 1912. Cloth, Price, $2.00.

This book of 144 pages contains hundreds of formulas for "things a doctor ought to make," with full directions how to make them, and it certainly is an invaluable little book for dispensing physicians.

The table of contents is as follows:

The Dispensing Specialist, only a page, written by Dr. A. Dale Covey; The Equipment; Weights and Measures; Pharmaceutical Processes; Percentage Table; Formulas of Pharmaceutical Preparations, arranged alphabetically; Nostrums.

We should think a good index following would have been desirable, but evidently the publishers have thought otherwise. This may, however, be appended in future editions, as there will not be many moons before the first edition of this valuable little work will be all sold out. If the reader of these lines is a dispensing physician, we would say, better secure a copy of this book at once.

THE PHYSICIAN'S VISITING LIST (Lindsay & Blakiston's) for 1913. sixty-second year of its publication. P. Blakiston's Sons & Co., Publishers, 1012 Walnut St., Philadelphia.

We cannot do better than to simply reiterate what we have so many times said about this visiting list, that it is, beyond any doubt, one of the very best of its kind on the market; had it been otherwise, it would probably not be in existence to-day; having appeared regular, annually, for sixty-two years is in itself sufficient evidence of it having merit. There is a regular, perpetual and monthly edition of this book. The one for 25 patients per day or week, with pencil, pocket, etc., costs $1.25. That for 50 patients, $1.50, etc.

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Summary Gleanings

Local application of tincture of iodine is very effective in the treatment of small chronic ulcers.

Where a running ear is not preceded by pain be suspicious of tuberculosis otitis media.

Traumatic perforations of the septum have thin edges. Thickened edges are probably syphilitic.

A hypertrophied prostate in which nodules can be felt per rectum is carcinomatous.

In intestinal obstruction it is not the operation which is to be feared but delay in operation.

Vomiting may often be controlled by one drop doses of tincture of iodine in water at half-hour intervals.

Before putting an unconscious patient to bed hot water bags should be covered enough to prevent burns.

Bone tenderness, especially of tibia and sternum, is frequently significant of sepsis.

Twenty-five per cent. of glycerin or alcohol added to Burrow's solution prevents maceration of skin.

Peroxide of hydrogen is very useful in loosening up dressings hardened by dried secretions.

Nearly every patient with a sore rectum will tell you he has piles. An examination may tell something different.

Phenolphthalein is an excellent laxative for both children and adults. Five grains is an adult dose.

Passing a sound in a narrow urethra can be facilitated by first injecting sterile olive oil.

A few drops of a mixture of two parts of camphorated oil and one part of ether instilled into the ear gives relief in earache.

Secondary syphilis of the nose gives symptoms very similar to acute rhinitis. Look in throat for mucous patches.

Severe neuralgic pain over the bridge of the nose indicates pressure on the anterior ethmoidal nerve, due to a high deviation of the septum.

A felon can be aborted by covering the end of the finger with cotton saturated with alcohol and then excluding the air with a rubber finger cot.

In severe falls, or blows, or fracture of the pelvis examine urine as soon after injury as possible to discover a possible rupture of bladder or kidney.

Pain in the ear increased on traction on the auricle with slight if any diminution of hearing suggests a furuncle of the meatus. The probe will reveal a point of great tenderness.

In trachoma use solution of silver nitrate, 1-40, one daily, and atropine to break up any adhesions. Never forget its great contagiousness.

Among reflex neuroses, due to adenoids, are nocturnal enuresis, spasms or twitching of muscles during sleep, convulsions, chorea, coughing, hawking, stammering or stuttering, frequent attacks of nose-bleed.

Don't speak of nasal catarrh as a disease. It is a symptom of irritation of the mucous membrane lining the nasal cavities, and has various causes.

Constant picking at the nose will produce ulceration or perforation of the septum. Perforations cannot be cured, but applications of 2% solution of silver nitrate will prevent an extension of the process.

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The Medical Summary

A Monthly Journal of

PRACTICAL MEDICINE, NEW PREPARATIONS, ETC

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CAN THE INFANT DIGEST STARCH?

We have before us an excerpt from an article in the October number of *Pediatrics,* written by its editor, Dr. Fitch. The article is entitled "Modified Cow's Milk as a Substitute Food in Infant Feeding," and the author gives the benefit of personal research work along this line of endeavor. The paper shows originality and does not patter down the line of conventionality as most of the stuff written on infant feeding does:

For example, the author knocks the old time-honored belief that a baby can not digest starch in this manner: "Theoretically, the child under six months, because of the deficiency of salivary and pancreatic secretions is said to be incapable of digesting starches. Practically this is not true. Nearly every fluid in the human economy has a diastatic ferment, and as a matter of fact the very young infant does digest starch. We have seen too many babies successfully fed on arrow root to deny this fact."

Again Dr. Fitch says: "The addition of cereals to cow's milk is not only allowable but is to be most warmly recommended, not only in older children, but also very young infants. The advantages of cereal modification, in addition to the readier digestion and gain in weight, are to be found in the finer sub-division of the casein in the stomach, in the emulsification of the fat, in the disappearance of soapy and dyspeptic stools, in the proteid-sparing power afforded by the cereals, and finally, in the general increment of growth.

"This is the experience of the leading pediatrists of the world. Not every infant by any means can take cow's milk, or ass's milk, or goat's milk; but starch foods may be added with benefit to cow's milk in the majority of cases, is established beyond all question, experimentally, chemically, and clinically."

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SOCIAL PROBLEMS.

The daily print records the fact that recently, in the city of Chicago, one hundred divorces were granted in the short space of two hours. According to the same newspaper there were granted between 1887 and 1906, in that city, 33,906 divorces. The appallingly large number of divorces being granted constantly all over the country are matters that are occupying the attention of the students of sociology, as well as our courts and civic authorities. The trouble lies, in a measure, it is true, to our lax laws governing the divorce question, but the very root of the evil is compassed by easy marriage license regulations. Matrimony has so long remained a "holy estate" which none dare to question. Anybody—idiot, epileptic, libertine, syphilitic, or otherwise physically, mentally or morally incompetent—can obtain a marriage license. Several States are passing legislation which when enforced will place some strictures on easy marriage. There is where so many of our social afflictions start. Make marriage a more serious matter and we may expect to eliminate many of our social evils. The profession is taking a hand in these matters looking toward social and race betterment. The medical magazines are constantly giving it more attention. We are stamping out and preventing many diseases. Social diseases should enlist the support of the medical profession. Our prophylaxis should be along broad, humantarian lines.

For example, why should not the crusade against venereal disease be more general and more stringent? Most of the operative cases in women have a specific origin. Most cases of blindness are due to the same cause. Domestic unrest is often due to social sins. We take the greatest pains to quarantine all acute contagious diseases, notwithstanding the fact that most of them are self-limited and seldom kill. Why not go after big game and do something about the syphilitic and the gonorrheic?

Don't forget that enlarged tonsils obstruct the posterior nares and are a prolific source of nasal and aural disease.

ALEXIS CARREL, PRIZE WINNER.

The Nobel prize has again been awarded This plum amounts in cold cash to about $40,000, and goes to Dr. Alexis Carrel, of the Rockefeller Institute. Carrel is a young Frenchman, and has been in this country only a few years. While his research work has been along broad surgical and scientific lines, his special field has been in the transplanting of organs and tissues. His work in uniting blood vessels has stamped him an artist in this line of endeavor. The problem of uniting arteries without forming a clot has always been a delicate one, but Dr. Carrel has evolved a technique by which this difficult feat is accomplished with a modicum of success. In his vivisection work he has incorporated the heart of a small dog into the neck of a larger dog, bringing about synchronous action of the two cardiac organs and thus literally making "two hearts beat as one." His work in plastic surgery has been quite marvelous, from the reports we read. Persons suffering from the loss of bones or from destructive bone lesions have had the healthy bones of animals or other persons incorporated to take the place of those whose function is destroyed, and these are said to grow and be of the same service as those that have been displaced.

Dr. Carrel is of the opinion that the organs and tissues of healthy persons who meet with sudden death—as in case of railroad wrecks and other disasters—should be preserved for the purpose of rehabilitating persons who may stand in need of just such organs and tissues. Such material, he states, may be employed days or weeks after, provided it is kept under right conditions. This scientist is of the opinion that almost every organ may be thus transplanted. In his work on animals many transplantations of organs were made, employing organs and parts of organs that had been dead and preserved for weeks.

Enlarged prostate is greatly improved by massage and the administration of chromium sulphate in five grain doses three times a day.

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THE RECTUM IN CONSTIPATION.

As a rule, cathartics and laxatives are given with a view to stimulating the colon and small intestines when the rectum may be regarded as the main offender. A full rectum is disposed to soon become obtunded in sensibility and its muscular fibers easily acquire a state of atonicity. A narrowed or constricted rectum, due often to obscure conditions, is exceedingly common. The healing of fissures and pile tumors is especially liable to cause cicatricial tissue at the distal extremity with consequent narrowing of the canal's lumen. We have experienced excellent results in cases of obstinate constipation by means of rectal dilatation. This may be accomplished instrumentally under an anesthetic in severe cases. Milder cases are helped by digital dilatation, after which the patient may administer daily self-treatment with a set of dilators made of glass or hard rubber.

"THE TASTE FOR PLEASURE."

The above is the title of a lengthy article in the December number of the *Metropolitan* magazine, by Arnold Bennett, the well-known novelist and playright. The author espouses the cause of the "plain business man," who is supposed to be overworked, and into whose life very few pleasures and recreations ever find their way. The writer points out that the typical business man is becoming so wedded to his business as to preclude any enjoyment or relaxation. "In choosing a distraction—that is to say, in choosing a rival to his business" says Mr. Bennett, "he should select some pursuit whose nature differs as much as possible from the nature of his business, and which will bring into activity another side of his character."

What is said concerning the business man will apply with equal force to physicians, for we are becoming "business men" more and more, or at least we are sticking to the job with great assiduity. From a psychological point of view a person confined closely to one line of endeavor should have a few fads and hobbies. The author names a great number of serviceable fads, from gardening and billiards to theosophy and golf. Speaking of the man whose mind is continually chained to one thing, this writer says: "His mind needs to be cleared—and it can be cleared—will clear itself—if regular periods of repose are enforced upon it. As things are, it practically never gets a holiday from business. I do not mean that the plain man is always thinking about his business; but I mean that he is always liable to think about his business, that his business is always present in his mind, even if dormant there, and that at every opportunity, if the mind happens to be inactive, it sits up queruously and insists on attention. * * His business is capable of ringing the bell when he is eating his soup, when he is sitting alone with his wife on a summer evening, and especially when he wakes just before dawn to pity and praise himself."

The author refutes the suggestion that business demands such constant reflection and watchfulness. "In the first place," he states, "an enterprise which demands watchfulness day and night from the same individual is badly organized and should be reorganized. It runs contrary to the common sense of nature. And in the second place, his defense is insincere. He does not submit to the eternal preoccupation because he thinks he ought, but simply because he cannot help it. How often, especially just before dawn, has he not longed to be delivered from the perfectly futile preoccupation, so that he might go to sleep again—and failed to get free! How often, in the midst of some jolly gathering, has he not felt secretly desolate because the one tyrannic topic would run round in his mind, just like a clockwork mouse, accomplishing no useful end and making impossible any participation in the gaity that environs him."

"I have known men," asservates the writer, "who would approach nearer to perfection if they could only acquire a little carelessness, a little absent-mindedness, a little illogicalness, a little irritational and infantile gaiety, a little unscrupulousness in the time of day. These considerations should be weighed before certain hobbies are dismissed as being unworthy of a plain

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man's notice. * * And indeed he must be ready to treat his hobby as though it were a woman desired,—with splendid and uncalculating generosity. He must do the thing properly. A hobby is not a hobby until it is glorified, until some sacrifice has been made for it. If it demands that his business shall suffer a little, and that his habit of life-long industry shall seem to be jeopardized—again, all the better. For, you know, despite his timid fears his business will not suffer, and life-long habits, even good ones, are not easily jeopardized."

Mr. Bennett's story is long and his ideas are somewhat sweeping and iconoclastic. The moral that we see in it is that we do not give ourselves over sufficiently to wholesome pleasure and relaxations.

SAFEGUARDING OUR PRESIDENTS.

Arthur MacDonald, a criminal anthropologist of Washington, and author of a Senate Document entitled "Man and Abnormal Man," suggests a plan to lessen or prevent crime and other abnormalities, especially the attempts on the lives of prominent men. There has been introduced a bill before Congress having for its purpose the establishment of laboratories or bureaus for the scientific investigation of criminals and other dangerous abnormals.

If such a law were in effect, any person sending a President, Governor, or Mayor a threatening letter, or repeatedly uttering threats, or attempting to see such persons of prominence personally, would be detained and thoroughly studied by scientific experts in criminal anthropology, psychophysics and social pathology. By a patient study of these dangerous, unbalanced and often illusioned persons, who may be called mattoids, their eccentricities and peculiar behavior may be determined to such an extent that we shall be able to detect them *in advance*. At present it is almost impossible to do this because of the little knowledge concerning them. This state of our ignorance is due to the want of systematic scientific and sociologic investigation.

And while others are working for the detection of the unbalanced and dangerous individual, the SUMMARY would like to suggest a condition that would supplement and strengthen this movement in a most marked degree. Why not do away with the sale of revolvers and other dangerous weapons? Why are so many thousands of these little death-dealing agents sold every year? Even if one carries a revolver in self-defense, if he be an honest man, it is only likely to get him into trouble. Few should be allowed the privilege of owning revolvers and all such should be permitted to do so by a license issued in a regular manner.

WHAT HAS BECOME OF THE OLD MAN?

It is seldom that we now see a toothless, doddering old man, and the feeble old woman garbed in funeral black is almost as rare. And still longevity is on the increase. In the words of the breakfast food ad., "there's a reason." Good dentistry is widespread, and now more reasonable in price than formerly, and almost everybody avails himself of it. Good teeth and clean mouths are dissipating many diseases. Ophthalmology is now so perfect that any one with a semblance of vision left may be fitted out so that he can "read the finest print." The daily paper and our wealth of general literature are within the reach of all, and the rejuvenating effects upon oldish people cannot be denied. The cosmetic effects of good teeth and the ability to see and hear well are important; we do not feel so old, and this cheerful introspection tends to keep us young. Elderly people no longer dress and disport themselves in the serious manner they once did. The morbid and ascetic ideas of a former age have given way to the gospel of optimism and good cheer. As a people we have just as much true religion in our hearts as ever prevailed in any age, but self-abnegation has given way to the real joy of living. Old people now keep young by remaining alive and in touch with the vital and interesting things of the world. We have eliminated much from our lives that is morbid and uncanny, and cherish a desire to *live* until we die. Fewer people now become senile and burdensome to others.

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Leading Articles

Brief and practical articles, short and pithy reports of interesting cases in practice, new methods and new remedies as applicable in the treatment of diseases, are solicited from the profession for this department. ¶ Articles contributed for the Summary must be contributed to it exclusively. ¶ Write plainly and on one side of the paper.

The Editor is not responsible for the views of contributors.

SANITARY BARBER SHOPS.

By J. C. Bateson, M.D.

By whose decrees, our sinful souls to save,
No Sunday tankards, no barbers shave.
—*Byron.*

The word barber is derived from the Latin, and means one who shaves beards and dresses hair. This occupation has been recognized from very early times, and the more civilized a people becomes the greater the demand and importance attached to it.

Some 590 years before Christ, the prophet Ezekiel gave out the following instruction: "And thou son of man, take thee a barber's razor, and cause it to pass upon thine head and upon thy beard."

In China, and other Oriental countries, shaving the whole or part of the head continues even to this day.

As early as the time of Hippocrates (460 B.C.), surgical operations were considered unbecoming and degrading for physicians to perform, consequently were left entirely to barbers. But in the time of Louis XIV. of France, and in England about the year 1745, barbers and surgeons were classified as two distinct professions.

Up to the present century, history does not record any public precaution against unsanitary barber shops, notwithstanding the fact that they are sources of very great danger.

We have learned, in this advanced age, that many diseases are due to germs or parasites, and that it is very necessary to put our knowledge into practice by the liberal use of antigermicide remedies.

Therefore, it is fitting to point out some of the diseases and parasites which are liable to be disseminated from unsanitary barber shops.

Pediculosis, or lice: Three varieties are found, which are known as head, body and crab lice. Either of these are very annoying when present about the person.

Acarus scabiei, psora: This is the parasite which causes that most distressing trouble, better known as itch.

Trichophyton, or ring worm: There are several varieties; one kind affects the finger nails, causing them to become opaque and brittle.

Tinea favosa: This is a contagious parasitic disease which occurs most frequently upon the scalp, resulting in alopecia or loss of hair.

Tinea sycosis, or barber's itch: A disease of the bearded parts of the face, and marked by the formation of reddish patches and yellow scales and pustules.

Cimex lectularius, or bedbug, infects neglected beds and is liable to be carried about in clothing.

Pulex, or flea, is an insect that is commonly found on persons, dogs and cats.

Purilient conjunctivitis, or pink eye, is an infectious disease that is liable to be conveyed from one person to another on towels or soiled hands.

But of all diseases to be guarded against in barber shops and elsewhere, none are more dreadful than tuberculosis, or consumption, syphilis and gonorrhea. The two last are already being widely spread without much effort put forth to stop such foul and deadly contamination.

A word to the wise is sufficient, hence these brief precautions:

(1) Each patron, as far as possible, should provide his own razor, comb and brush.

(2) The shop walls, floor and furniture should be thoroughly cleansed, at least once a week. For such purpose, a solution containing carbolic acid, lysol, kerosene or bichloride of mercury should be used. A bet-

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ter way is to fumigate at night with formaldehyde or sulphur gas.

(3) Clean towels or napkins should be furnished to each patron.

(4) All combs, brushes and razors should be dipped in boiling water or antiseptic solution before being used in each case.

(5) Hair clippings should be disposed of at once.

(6) Each person, after being shaved, should have some antiseptic or cleansing lotion applied to the face.

By following these simple directions, little or no danger will result from barber shops.

Scranton, Pa.

THE PRACTICAL APPLICATION OF ELECTRICITY AS A THERAPEUTIC AGENT. CAUTERY BATTERIES.

By J. R. Etter, M.D.

EDITORIAL NOTE.—This is the eighth of Dr. Etter's series of short, practical articles. The first appeared in May, 1912, omitted in September number. Each article complete in itself, the entire series when complete, will form a regular *vademecum* on "The Practical Application of Electricity as a Therapeutic Agent." No general practitioner can afford to miss a single number of "The Summary" containing this series, which will probably be continued through the present year, and will give the technique of application minus the theory. We have on hand a few back numbers, and new subscribers may commence with May issue, 1912, if they so desire.

Cautery operations are done with currents of comparatively low tension, but great quantity, which is largely the reverse of medical currents. A cautery operation should be classed as surgery. In cautery work there is not an entire break of the metallic circuit, but a shorter or longer piece of platinum wire is interposed at the point where heat is wanted to be generated. Platinum is of high resistance, and concentrates the current at the point where the work is to be done, so that we can "burn," as it were, the tissues. The cautery machine must of necessity have a good rheostat in circuit to control its intensity in proportion to the work to be done. The platinum can be raised to a white heat when desired, and at the white heat there is very little pain to the patient. A red heat is the same as any other burn, as to pain. The electric cautery can be used in all cases, and to much better advantage than where acids have heretofore been used, as its scope of diffusion can be much better controlled. Then, in removing tonsils, or other growths that occur in the throat and nasal passages, the element of hemorrhage is almost entirely eliminated. Electro-cautery can be used in many abdominal operations to much better advantage than so many ligatures. And, even where ligatures are used, the cautery will reinforce the safety. Cautery can be obtained from the commercial circuits, where it is to be used in the office only; but often an operator must do his work away from the office, and in such cases he must necessarily have a portable outfit. In the latter case, the only sure-working and easily-transported battery is storage cells. At the same time, storage cells can be used in office work as well, and often are more certain than the commercial circuit. A good storage cell, kept properly charged, will always work. I would here remark that the dainty little storage cells often sold on the market are not worthy the consideration of practical men. When you buy a storage cell cautery, get one of not less than a hundred ampere hours. In such a battery the lead plates will be heavy enough to prevent "buckling" in charging, and will store sufficient current to last an ordinary operator several months. They may be a little heavier to transport, but you will have the assurance that they will work when you want them to. Not being familiar with the different operations of the nose and throat specialist, I will refer them to works on this subject that will give full descriptions, and simply say that, where caustics are recommended, much better results can be obtained by the actual cautery, and in fact in many cutting operations, such as the removal of tonsils. A storage cell should never be allowed to be fully discharged before recharging. The fluid or electrolite, which is composed of sulphuric acid one part and water four parts, should be sufficient at all times to cover the lead plates. After the proper fluid has been placed in the cell, it is generally sufficient to add water only, to replace evaporation from electrolytic action.

Crawfordsville, Ind.

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ANTITYPHUS SERUM THERAPY.

By Robert Gray, M.D.

This interestingly important subject is from the versatile pen of Dr. Benito Sanchez, published in the November, 1912, number *Revista de Hospitales,* Mexico City, and is well worth the attention of the American profession:

"The scientific press of information has been occupied for some time with the good results obtained in the treatment of exanthematic typhus by the medium of the serum coming from dogs subjected to hyperimmunization contra typhus.

"The numerous cases cured in which the clinical course has been carefully observed under the influence of that serum permits us to form some conceptions over this serum therapy, equally useful as little appreciated, and whose study merits all our attention, although we treat of nothing less than a Mexican discovery.

"It is known that to this date we have been deprived of a specific medicine contra typhus and that we limited ourselves solely to combat each symptom with a suitable therapeutic agent, without power to unite in any one the properties to cure at once all the symptoms of typhus. Thus the treatment truly resulted complicated, and, as it did not directly attack the microbic cause of the disease, the frequent failures were not strange.

"Why does the serum intityphus mentioned combat at once all the symptoms of typhus, without containing any of the symptomatic substances of medication? Why does it quiet the delirium, when no antispasmodic enters its composition, of those used for such object, as bromides, chloral, etc? Why raise the cardiac action without containing the powerful agents of cardiac tonic medication, as strychnine, caffein, etc? Why does consciousness return and the comatose state disappear, when those known therapeutic means ordinarily fail before this encephalopathy *sui generis?* What does this serum contain to render the tongue always moist and keep it clean, that the lungs do not become congested or that the congestion violently disappears? In this complex action of the serum antityphus there do not appear more than the characteristics of all the specific serums known antitoxic or antimicrobic."

Dr. Sanchez concludes the paragraph with a learned disquisition on the antidysenteric and antidiphtheric serums, as to how they contain none of the ethical substances employed in the treatment of such diseases, yet as to how they undeniably cure, and continues:

"Now, I will briefly formulate the action of the antityphus serum over each symptom of typhus separately considered, in order to see to what point it is possible to expect complete success in the cure of this malady, by means of the serum therapy I propose.

"From the first there is to distinguish between the curative effects of the serum, the ones that are perceptible from the first injection and continue till the cure is completed, and others, which pass appearing before or at the termination of the fourth injection and which precede the convalescence.

"The curative action of the serum is noted at once over the deranged faculties occasioned by the typhus in the two principal apparatus of the economy, the nerve centers and the vascular cardiac system. The encephalopathy typhus, so refractory to all known medical treatment, the vascular cardiac symptoms which so much favor congestion of the distinct organs, the general state and that specially of the tongue are influenced in a favorable manner with the first injection. It is a fact, constant and uniform, whatever the constitution of the patient, if it be nervous or no, alcoholic or no, that there be a form of typhus more or less grave, or may have acquired a complication more or less important; always, within twenty-four hours after the first sufficient injection, the cephalgia modifies or ceases, the delirium, the stupor and the comatose state disappear, consciousness returns to preserve till the final cure; the pulse acquires sufficient tension and converts the feeble and depreciated which were before in regular or firm state, the tongue commence to become moist and the general condition to be good.

"Sometimes it assists a veritable contrast. It is a robust individual alcoholic, and who the day before presented the signs of grave

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typhus; his pulse was extremely feeble; his temperature high; his tongue dry and *fuliginous;* there was a confluent exanthema; a violent delirium; and, as complication, a hypostatic pneumonia. In twenty-four hours after the first injection the delilium disappeared, the pulse rose, the tongue was moist, and the general state tended to betterment, while the other symptoms continued in their operation.

"The effect of the serum over the temperature and the congestion of the lung vary according to the epoch in which the treatment is commenced and the state of the lungs at that time.

"If the intervention is on the ninth day the temperature falls from the first injection to the third, in which it reaches normal. Should there be seated in the lung in that time an intense congestion, but still suffer no inflamatory complication, they will gain relief rapidly in the course of those three days of treatment."

Dr. Sanchez devotes some space to other variations, dependent mostly on the time treatment is indicated, and to technical niceties of clinical order interesting and instructive to those little familiar with serum therapy, yet hardly differing from what every one knows in the States sufficiently to require translation here.

However, I feel it incumbent to disabuse the minds of the American profession in regard to the qualification and ability of the Mexican fraternity, that merits a high degree of appreciation. Many Mexican clinicians are endowed with the best culture that money could buy in the United States and Paris, having been schooled in both those progressive curriculums. The hospitals in Mexico City closely vie with those of Paris, not in dimensions, yet in able clinical talent and skilful surgery; and the country practitioner is no slouch, but it is the slave of hard and trying work.

In no other metropolis, and probably no other field in the world is there an opportunity to study typhus equal to that which Mexico City affords, the prevalence of the fearful disease there being extreme. Hence it was but natural that the Mexican mind of medical bias should become absorbed with the quest of means to combat the murderous monster. And there is nothing contemptible about the source of the antityphus serum; for world-famed Metchnikoff has lately developed a promising serum, as he says, "from man's best friend, the dog." The efficacy of the antityphus serum is beyond question, and has been put to the limit of tests. The Hospital Juarez, Mexico City, is the editorial and publishing sanctum of the medical journal *Revista de Hospitales,* in Spanish, that renders precious helpfulness to Mexican rural practice, and is richly worthy of the success it is attaining.

The application of Erlich's 606 per rectum has been fully verified in said hospital connection, and found equally efficient as any of the popular methods, and entirely exempt from any of their distressing consequences. The simplicity and ready facility of the technique of that channel of treatment certainly recommends it as a legitimate practice. SUMMARY readers may remember that I asserted such a favorite practice of mine years ago. I never employ an apomorphine emesis any other way; and have the business over before the syringe could be half ready for hypodermic injection. I nourish with cod liver or olive oil through that medium successfully, in cases where the stomach will not tolerate a drop of either substance.

Pichucalco, Chiapas, Mexico.

THE ABSOLUTE NECESSITIES.

BY GEORGE L. SERVOSS, M.D.

There is a movement on foot to limit the number of remedial agents to be employed in the treatment of the sick. As is true whenever reform is attempted, we find that those interested are swinging the pendulum to extremes. Some writers would have us limit ourselves to such an exclusive line as not to enable us to substitute certain agents for those either not wholly indicated, or not agreeing with the patient.

It is not absolutely necessary that we have a formidable number of remedies from which to draw, but we should have sufficient to meet all emergencies.

One of the most prominent conditions we meet is fever, and there are a hundred and

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one remedies now offered to combat this single symptom, or sign. They are not all really required. Frequently, if the cause of this condition is hunted out and removed, there will be no need of an antipyretic. Given a dirty bowel, with absorption therefrom, fever is frequently an accompanying condition. By cleaning out this organ with calomel and podophyllin, followed by a saline, or by calonic flushing, we not infrequently see the temperature drop to normal and that without employing a single drug to bring about such effect. However, in constitutional diseases, it is necessary to bring the temperature within rational bounds, else there will be too great waste. Here it is not necessary to employ more than one of the numerous febrifuges mentioned. Aconitine, in the majority of instances, suffices to bring about the desired effect. If there is a sign of toxic absorption it will be found that veratrine will act nicely as a febrifuge, in that it favors more thorough elimination. These two drugs are practically all that are required in the reduction of fever. They both tend to equalize the circulation, and if this is done there will be no congestion, or very little at least, and without congestion there cannot be any fever worth mentioning.

As in fever, we find that numerous drugs are offered for the relief of pain. Here again it is necessary that the cause be hunted out and removed. Certain vague pains may be due, as is fever, to a dirty bowel, and the cleaning out and cleaning up of that organ will, in many cases, act to relieve the pain without the use of any drug directed toward that sign. However, when pain is present and persistent, there are a few drugs which may be used to good effect, and without harm. The products of opium have been employed for this purpose for decade after decade, but they should be used with care. As a rule, the opiates are liable to interfere with metabolism and elimination, and although they may bring about a sense of comfort to the patient, they may in addition act harmfully. The list of drugs for the relief of pain is not necessarily great. As a rule it will be found that hyoscyamine will act nicely in the majority of cases. As many painful conditions are due to localized congestion, the addition of glonoin will add to the action of the hyoscyamine. Glonoin dilates the blood-vessels and thus relieves the congestion, while the henbane derivative carries such action along. In painful conditions about the neighborhood of the face, with more or less congestion and injection, gelsemine will be found very effective. Cicutine, in spinal irritation, acts nicely as an analgesic. Macrotin will be found effective in the relief of painful conditions of the pelvic viscera. In painful joints, due to rheumatism or other inflamatory or congestive conditions, external application of *hot* saturated solution of epsom salts frequently acts to relieve, and without any internal analgesic. If the opiates are to be employed at all, it is probable that codeine offers all that is desirable, and without many of the bad features peculiar to morphine or the entire drug, opium.

Numerous expectorants are offered, but ammonium chloride, the iodides, emetine and sanguinarine are undoubtedly all that are required, with the possible addition of the iodides. Emetine will give all the good effects of ipecac, with less danger of nausea and with greater assurance of anticipated action, in case for case. Sanguinarine, while not really an expectorant, in the accepted sense, acts to relieve the air passages of exudates through the forcing of cough and the mechanical expulsion of the bronchial contents. This remedy is of great value in the later stages of pneumonias, when the patient's vitality is at a low ebb and with retaining exudates which are interfering with breathing and consequent proper oxidation of the blood. In such cases it will be found that sanguinarine is undoubtedly a life saver. The old time "shot gun" expectorants are rarely required. In fact they are not indicated in any case whatsoever. An aqueous solution of ammonium chloride with emetine will do as much, if not more, than did the older cough syrups, and without in the least interfering with digestion or bringing about many of the undesirable symptoms associated with the use of the heavy

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syrups. Care should always be taken not to combine the ammonium salt with the iodides, because of the chemical incompatibility and danger of explosion. If both are indicated they should be administered separately.

The bowel undoubtedly, *in all conditions*, is one of the main seats of trouble, and because of this, should have attention in every instance. From time immemorial, it has been the practice of every doctor to primarily administer a purge, prior to the adoption and application of indicated treatment to relieve specific conditions. Our forefathers claimed that subsequent remedies acted better with a clean bowel. To-day we know that this is true, but in addition we recognize the fact that a dirty bowel is primarily the cause of not less than 75 per cent. of all acute maladies, and that, if we clean the bowel, we have removed certain toxic material which might act to increase the fury of the specific causative agent. Not only do we, at present, clear out the bowel, but in addition we see that it is subsequently kept clean. We have mentioned the method of clearing out in the consideration of fever. In order to keep the bowel clean subsequently, one or more of the intestinal antiseptics are required, and they are almost as numerous as are the febrifuges. Those who have employed the sulphocarbolates have found them practically all that are required. As several metals are thus combined, we are given those which meet all indications. If there is a marked diarrheal discharge, the zinc salt is the one preferable, in that it not only acts as an antiseptic, but in addition has a marked astringent action. If a chemically pure salt is used there need be but little, if any, fear of either irritation or other undesirable effect. In those cases where there is an indication for lime, as in the diarrhea or tuberculosis, the calcium salt is undoubtedly valuable. The sodium salt fills every want when a simple intestinal antiseptic is desired, and that without associated effect. Recently copper sulphocarbolate has been added to the list and it promises to give the best sort of results, especially in those cases where there is marked decomposition or putrefection, due to residual micro-organisms, as it is a well-known and accepted fact, that copper, in any of its forms, acts to either inhibit the action of, or absolutely kill, micro-organisms. Either of the agents mentioned, to be employed as intestinal antiseptics, should be pushed to full effect, or until the bowel discharges are normal in consistency and without other than the normal fecal odor. Copper arsenite has been employed, and with good results, in the treatment of bowel complaints, more especially cholera infantum, but it is probable that the sulphocarbolate of this metal will now take the place of the arsenite, as it may be pushed with greater force, and without fear of untoward results, and with probably as good effects.

To act upon the kidneys there are numerous agents offered, but only a few are really required. In conditions in which the urine contains pus, formin will be found useful. Not only will it act as an antiseptic, but will give some diuretic effect. Arbutin is likewise indicated in conditions of this sort. Through increasing the blood pressure, digitalin acts as a diuretic. If the urine is markedly acid the citrates or acetates of either potassium or sodium are indicated. Caffeine acts similarly to digitalin in increasing the flow of urine. Water, in quantity, should never be overlooked as a diuretic and should be invariably given a chance, prior to the use of drugs for the induction of diuresis. Buchu, broom and squill are also mentioned. Xanthoxylin increases elimination by the kidneys, as does colchicine. Methylene-blue, salol and other salicylates have been mentioned as urinary antiseptics, but it is probable that hexamethylenamine fills the bill in this respect, either alone or with the addition of arbutin and one of the diuretics.

Digitalis is the one best heart tonic, but there are some cases which do not do well under this drug and strophanthin, hypodermically is being employed very largely. To increase vascular stimulation more reliance is being placed in camphor to-day than in any other agent. Ammonia, strychnine and caffeine have their values in this connection. To relax the vascular

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system atropine is probably the best drug we possess for continued effect, but for immediate action glonoin undoubtedly is very effective. Hyoscine is likewise useful in this connection. Other drugs, as the bromides, chloral, gelseminine and morphine may be employed, but those first mentioned usually fill all wants. To contract the vascular system epinephrin is undoubtedly the best agent we have, although the pituitary active principle, ergotin, and artopine are mentioned. Those drugs which relax likewise dilate the blood-vessels.

The salicylates still hold the eye as antirheumatic, but other agents which will encourage elimination are invariably indicated. In this connection we find colchicine indicated in practically every instance. The clean bowel is invariably desirable in every case of this sort. The iodides are sometimes indicated, as are the alkalies.

Those agents employed in relief of pain may be all classed among the antispasmodics. To them may be added camphor.

Hyoscine offers one of our best hypnotics, although chloral, the bromides and other chemicals are mentioned. Veronal is probably the best of the synthetics of coal-tar, for the production of sleep.

Of course the line of remedies listed above is brief, but with them one may practice medicine very nicely. In syphilis the iodines and mercury might be added.

Gardnerville, Nevada.

THE TONGUE AS AN INDEX IN DISEASE.

By Israel Bram, M.D.

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That the tongue is a valuable aid in the diagnosis, and often in the prognosis of almost every disease known to medicine cannot be denied. This great truth was as much recognized by the physicians of antiquity as it is by the clinicians of to-day. The tongue is particularly involved in diseases of the gastro-intestinal tract, in febrile conditions, and in the acute and chronic intoxications. The digestive tract is lined by a continuous layer of mucous membrane, which extends from the lips to the anus. Any departure from the normal in this membrane, whether located in the stomach, duodenum, small or large intestines, will by continuity of tissue present the characterictic impress upon the tongue, which is often as legible as an open book to the observing physician.

The material available for this subject would fill at least a large sized volume, but in this short paper I will make brief mention of a few diagnostic pictures presented by the tongue as observed in our every-day practice of medicine, relating chiefly to the presence or absence of a fur or coating, the degree of moisture, and the manner of its protrusion.

Dryness of the tongue is common in mouth-breathers and in the various forms of coma. When occurring in the course of a febrile condition in which there is a typhoid status, it is a grave omen.

A whitish coating or fur, if thin and evenly distributed, occurs in most mouth-breathers and in tobacco smokers. It is also seen in febrile disorders of mild degree, in catarrh of the upper respiratory tract, and in mild gastric catarrh. The use of large quantities of milk may give rise to this variety of tongue in healthy individuals.

In localized furring of the tongue look for a local irritation from a rough tooth or a uni-lateral tonsilitis or a limited involvement by the thrush organism.

An extensive growth of leptothrix or thrush gives rise to a grayish coating of the tongue in adults or a whitish coating in children. This may extend laterally to the buccal mucous membrane, anteriorly to the gums and lips, and posteriorly to the tonsils and pharynx.

The "geographical" tongue is one in which there are localized thickenings of the epithelium of the tongue, giving it a chart-like appearance. This tongue is usually large, wide and flabby and is more or less permanent, indicating an individual peculiarity in persons suffering with a mild degree of gastro-intestinal atony.

A flabby, somewhat swollen tongue, showing indentations of the teeth and uniformly coated with a yellowish fur is in-

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dicative of prolonged catarrh of the stomach, duodenum or both. This fur may also be seen in alcohol and tobacco habituees, in prolonged moderate fever and in chronic constipation with some degree of fecal impaction.

The red beefy tongue is seen in diabetes, carcinoma and similar wasting diseases and is of some pathognomonic importance

The somewhat contracted tongue, possessing a median fissure coated with thick, yellowish-white fur, the tip and edges being denuded, is characteristic of a typhoid state and is most commonly seen in the fastigium of typhoid fever, but is also observed in pneumonia and other febrile conditions of limited course. If this tongue becomes red, dry and glazed or dry and brownish, presenting here and there a crack or fissure, and if it is necessary to shout in the patient's ear when ordering him to protrude and retract it, the tongue moving with a course tremor, it is an evidence of an overwhelming infection, with marked prostration of the vital functions, and is of grave significance. A return of moisture to this tongue is the happy premonition to a favorable termination of the disease.

The "strawberry" tongue, covered with a whitish fur through which project the enlarged swollen fungiform papillæ is seen in scarlet fever during the first few days. This tongue, however, may also be seen in other acute infectious diseases.

A unilateral furring of the tongue often results from disease of the second or third branches of the trigeminus nerve, and in hemiplegia with paralysis of one side of the tongue.

Leucoplakia is a condition characterized by whitish spots of the mucous membrane of the tongue, which spots are slightly elevated, thickened and irregular in shape. This condition often precedes carcinoma.

Tremor of the tongue, of coarse, is seen in chronic alcoholism, delirium tremens, bromism, in the typhoid status and in paralysis agitans. A fine tremor is present in multiple sclerosis, general paralysis, bulbar paralysis, neurasthenia and hysteria. I have observed that in many cases of exopthalmic goitre there is a tremor of the tongue, the rapidity of which is synchronous with the tremor of the outstretched hands.

Where there is sudden difficulty in speech, mastication and deglutition, look out for ligual paralysis, unillateral or bilateral, of central or peripheral origin, as determined by the presence or absence of twitching or of atrophy. It is most often seen in hemiplegia but may also occur in general paralysis, chronic plumbism, syphillitic involvement of the base of the skull and numerous other conditions.

The involvement of the tongue in syphilis is often overlooked. This organ may present lesions primary, secondary or tertiary in character (chancre, mucous patch, or gumma). In the presence of the primary lesion of the tongue the sub-lingual and oftimes the cervical lympatic glands will be found enlarged and nodular.

Impairment or loss of taste (ageusia) may be due to disease of the glosso-pharyngeal or trigeminal nerve. It most often occurs, however, in conditions causing a heavy coating of the tongue, which interferes with the functions of the gustatory nerve endings. It must be rememered that the sense of taste depends largely upon the sense of smell, and if the latter sense is impaired by chronic rhinitis, polyps, etc., ageusia, partial or complete, may result. Large doses of depressant drugs, particularly the bromides, may also diminish the sense of taste. I have observed that in patients applying for treatment of acute tonsilitis in which an application of a strong solution of silver nitrate or other caustics is applied, the patient oftimes returns later complaining of loss of the sense of taste. This is due to the fact that some of the silver nitrate or other caustic found its way to the dorsum of the tongue, and by its destructive properties created an insulating membrane of epithelial cells which prevented the food from coming in contact with the gustatory nerve endings.

1714 N. 7th St., Philadelphia.

Radium has been found useful in lupus. Tuberculin applications have given good results; and the nascent-iodine treatment has many supporters. This last consists in administering sodium iodide internally, and applying at the same time hydrogen peroxide to the lesions.

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A CONTRIBUTION TO THE STUDY OF HERNIA OF THE OVARY, TUBE, AND TUBE AND OVARY.

(Continued from page 299 December Number.)

By Aime Paul Heineck, M.D.

Surgeon to the Cook County Hospital, Chicago.

Inguinal Hernias.—Hernias which escape from the abdominal cavity, either through the internal or external inguinal fossæ, and which emerge upon the surface when complete by way of the external abdominal ring, are known as inguinal hernias. Of all hernias, they are the ones most frequently noted in the female.

Inguinal hernias of the uterine adnexæ may be complete or incomplete. In the incomplete form, the hernia has not escaped beyond the external abdominal ring. Inguinal hernias may be right-sided or left-sided. They may be unillateral or bilateral; as previously stated, all the bilateral hernias of the uterine adnexæ, tubal, ovarian or tubo-ovarian, recorded in the medical literature of the last twenty years, were of the inguinal variety. They may be reducible or irreducible. They may be strangulated or the seat of torsion. This last accident has only been observed in congenital inguinal hernias, the contents of which were irreducible.

Of the uncommon types of inguinal hernias only several could be found. There was one direct hernia. This, especially in the female, is an uncommon form. The main characteristics of direct hernias are that the protrusion takes place by way of the internal inguinal fossa, that the neck of the sac is always to the inner side of the deep epigastric vessels and, in the female, that the round ligament is distinct from and to the outer side of the sac. We found three interstitial or intra-parietal hernias. All the other inguinal hernias were of the ordinary type, that is, external or indirect or oblique. An ordinary or oblique inguinal hernia in its course through the inguinal canal (narrower in the female than in the male) is accompanied by the round ligament; as it escapes from the external abdominal ring, it appears in the upper portion of the labium majus, in which it descends to a greater or less extent.

Inguinal hernias vary in size and in form. They may be almond-shaped, ovoid, sausage-shaped, pear-shaped, pyriform, globular or other forms too numerous to mention.

Symptoms of Diagnosis.—Hernias of the uterine appendages present all the symptoms common to hernias in general. In some hernias of slow and gradual development, owing to the absence of symptoms, not uncommonly the patient ignores that he has a rupture. Some cases do not give rise to any symptoms; some give rise to very slight disturbances; many remain painless until the appearance of the menses and thus are first recognized at about the age of puberity. Pain may be absent during the entire course of a slowly developing hernia. In other cases, the hernial swelling may be so small as to be completely overlooked by a careless observer. Inspection, palpation and percussion of the hernial regions are routine steps in the examination. After having demonstrated the presence of a hernia, the operator has to determine the type of hernia present and the nature of its contents. The existence of other malformations is to be ascertained as they may be of such a nature as to partially justify the sacrifice of healthy herniated organs.

Clinicians usually do not experience any difficulty in diagnosing a hernia; at times, they are in doubt as to the type of the hernia present in the case at hand. In fatty individuals, the exact position of the hernial neck is difficult to determine. Obturator hernias are rare, and are found internal to the femoral opening; in femoral hernias, the swelling is found to be almost if not entirely below a line extending from the anterior superior iliac spine to the pubic spine.

In the female, the tumor-mass caused by a complete oblique inguinal hernia, even of a moderate size, will cause a swelling extending into the labium majus.

In some hernias of the uterine appendages, the patients complain of a feeling of weight and discomfort. The symptom "tenderness on pressure" we find frequently reported. Some of these hernias are painless, some are so painful as to in-

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terfere very much with the patients' well-being. Impulse on coughing is not infrequently noted. It is not, however, a constant symptom present; it may be absent. Menstrual disturbances are recorded.

If an oblique inguinal hernia be incomplete, that is, if it does not extend beyond the inguinal canal, it may be mistakenly diagnosed tumor of the round ligament, bubo, epiplocele or encysted hydrocele of the canal of Nuck. In tumors of the round ligament, epiploceles, encysted hydroceles of the canal of Nuck, a mistake in diagnosis is not very significant, as in all these conditions one must, to obtain cure, resort to operative treatment and to exposure of the inguinal canal.

Treatment.—Six of the reported cases were either autopsy-table or dissecting-room discoveries. In some cases, the nature of the operative intervention is not stated. In the other cases, the operators, after performing either a laparotomy or a herniotomy, disposed of the herniated organs either by reducing or removing them entirely, or by removing a part and reducing the remainder. In some cases, the reduction of the hernial contents necessitated a preliminary division or a dilatation of the hernial rings, internal or external.

In two hundred and thirteen operated cases the results are stated: Eleven deaths, two hundred and two recoveries.

We advise that all hernias of the uterine appendages, irrespective of anatomical site or of size or of age of bearer, be subjected to an operation for radical cure:—

a. If the hernia be irreducible.

b. If the hernia be strangulated.

c. If the pedicle of the herniated organ or organs be the seat of torsion.

After the age of two years:—

a. If the hernia is bilateral.

b. If other hernias be co-existent.

c. When hernia cannot be painlessly, completely and permanently kept reduced.

d. If organs other than the uterine appendages be also present in the same hernial sac.

e. If the wearing of a hernial truss causes pain or aggravates the symptoms.

f. If the patient has to be subjected to ether or chloroform anesthesia for the performance of an operation of election, double advantage can be taken of this anesthesia, and an operation for the radical cure of the hernia performed.

g. If patient is exposed to pregnancy.

Operation in uncomplicated cases of hernias of the uterine adnexæ is no more dangerous than the operation for the radical cure of other hernias. It has practically no mortality. Infants bear hernia operations remarkably well. Broca performed four hundred and fifty operations in children under fifteen years of age with but one death.

The operation which has given the most universal satisfaction in the treatment of inguinal hernias is that devised by Bassini. It has the advantages of safety, simplicity and efficacy.

We advise operators to observe in their operations for inguinal hernia the following suggestions:

1. Always wear and have the assistants wear rubber gloves.

2. All ligatures and irremovable buried sutures should be of absorable material.

3. Always divide the aponeurosis of the external oblique muscle to an extent sufficient to give a good exposure of the inguinal canal and of its contents.

4. Always make a high and careful dissection of the hernial sac from the surrounding tissues, and especially from the round ligament to which it is often quite intimately adherent.

5. Always open the sac and determine by direct inspection and palpation the nature and state of the hernial contents.

6. After reduction or ablation of the hernial contents the sac is to be transfixed and ligated as high as possible. Sac is then removed flush with the peritoneal cavity. So as to prevent the occurrence of peritoneal bulging at the internal ring, we are in the habit of anchoring or fixing the stump of the sac about two centimeters above this point.

7. Never sacrifice the round ligament; it is harmful to the statics of the uterus. Never transplant the round ligament; it is unnecessary. The round ligament is left undisturbed at the bottom of the wound, emerging at the lower angle of the latter; the internal oblique muscle is sutured to the shelving portion of Poupart's ligament; the divided margins of the external oblique

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aponeurosis are sutured and the skin incision closed. No drainage. After operation, no truss should be worn; a truss does not support the scar, it weakens it.

8. In the female, the internal and external abdominal rings can be closed without detriment to the patient. In direct inguinal hernias, ligation of the deep epigastric artery is at times unavoidable.

In hernias of the uterine apendages, the operator must decide as to whether the hernial contents are to be returned to the abdominal cavity or whether they are to be removed.

As to the herniated tube, ovary or tube and ovary, when normal, it goes without saying that they should be returned, irrespective of patient's age; if adherent to sac-wall or to some hernial content, the adhesions are to be loosened or divided, and if the organ or organs do not show marked structural impairment, they are to be reduced. These organs, when herniated, should be removed, if they are the seat of:—

a. Unavoidable or actual gangrene.
b. Benign neoplastic disease.
c. Malignant neoplastic disease.
d. Voluminous cyst-formation.
e. Malformation or incomplete development.
f. Suppurative inflammation.
g. Hematoma or interstitial ovarian hemorrhage.
h. Seat of tubal gestation previous or subsequent to rupture of fetal sac.
i. Tuberculosis limited to or extending beyond the herniated organ.
j. Distortion beyond recognition.
k. Such pathological changes as prevent function.

Summary.—1. The Fallopian tube, the ovary or the tube and ovary, in part or in their entirety, may be herniated.

2. The herniated tube, ovary or tube and ovary may be the sole content of the hernial sac or there may be present as associated hernial contents one or two or more of the following structures or organs: Meckel's diverticulum, appendix vermiformis, omentum, urinary bladder, intestine (small or large), uterus.

3. Tubal, ovarian and tubo-ovarian hernias are congenital or acquired, unilateral or bilateral; exist alone or in association with one or more other hernias of the same or of dissimilar anatomical types, of the same or of dissimilar clinical characteristics.

4. These hernias, in a small proportion of cases, coexist with malformations, underdevelopment or absence of other internal genitalia or of some external genitalia:—Imperforate vagina, absence of vagina, atresia of tube, unilateral absence of tube, of ovary or of tube and ovary, absence of cervix uteri, rudimentary uterus, absence of uterus, etc.

5. In individuals having a hernia of a tube, an ovary or of a tube and ovary, pathological states of other internal genitalia or of some external genitalia may be present:—Vaginitis, ovarian cystoma, uterine fibroid, uterine prolapse and other uterine displacements, etc.

6. These hernias may co-exist with pathological states of organs other than the internal or external genitalia:—Chronic hydrocephalus, multiple stenosis of intestines, hydronephrosis, etc.; these co-existing pathological states having no relation of cause or effect to the hernial infirmity.

7. Congenital or acquired hernias of the tube, ovary or tube and ovary, may develop at any period of life. These hernias have been observed in nulliparæ, in primiparæ and in multiparæ. No age is exempt. No race is immune.

8. According to their anatomical site, hernias of the uterine appendages are designated as post-operative or ventral, gluteal, sciatic or ischiadic, obtruator, femoral and inguinal.

9. The tube, the ovary or the tube and ovary may be present alone or in association with other organs in the sac of any variety of gluteal, obtruator, femoral or inguinal hernias.

10. Clinically, these hernias are reducible, irreducible, non-inflamed, inflamed, strangulated or their pedicle may be the seat of torsion.

11. Torsion of the pedicle of a herniated ovary or of tube and ovary, an accident peculiar to, and not infrequent in, hernias of the uterine appendages, gives the same clinical symptoms and determines the same anatomical changes in the herniated or-

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gans as are observed in the strangulation of hernial contents at one or another or more points.

12. We were able to collect eight times as many hernias of the inguinal type as of all the other hernial types put together.

13. Tubal, ovarian and tube-ovarian inguinal hernias are recent, old or recurrent; are direct, interstitial or intra-parietal, indirect or oblique. If indirect or oblique, they are either complete or incomplete, A few sliding hernias are on record.

14. All the bilateral tubal, ovarian or tubo-ovarian hernias recorded in the medical literature of the last twenty years were of the inguinal variety. In bilateral hernias, both hernias may or may not show the same degree of development; they may have appeared simultaneously, or one may appear a shorter or longer time before the other. They may show similar or dissimilar clinical characteristics. When bilateral, one hernia may be irreducile and the other reducible.

15. All the hernias in which the complication "torsion of the pedicle" occurred. were irreducible congenital inguinal hernias.

16. All the femoral tubal, ovarian or tubo-ovarian hernias recorded in the literature of the last twenty years were of the acquired type and appeared in advanced adult life. "Femoral hernia is essentially a hernia of adult life"

17. Hernias of the uterine appendages, in the absence of anomalies of the other internal genitalia or of the external genitalia, do not prevent conception, do not interfere with gestation, nor unfavorably influence parturition. Pregnancy can occur previous to, during and subsequent to the existence to hernias of this nature.

18. The etiology of hernias of the uterine appendages is that of hernia in general. As main factors should be cited:—All conditions that weaken the abdominal wall, all conditions that increase the intra-abdominal pressure and all conditions that increase the mobility of the uterine adnexæ. Hereditary, pregnancy and the partial or complete persistence of the canal of Nuck are the most important causes.

19. The herniated organ or organs may be free from all degenerative changes.

20. The herniated organ or organs may be bound to the sac-wall or to each other; may be the seat of congestion, gangrene, hemorrhage, inflammation, suppuration, tuberculosis (primary or secondary), cystic and neoplastic disease (benign or malignant).

21. The herniated organ may be the seat of gestation.

22. The hernial sac and the herniated anexa or anexæ may be the seat of an inflammation, suppuration or other in character, which in progressing by continuity of surface has extended upward from the vagina giving us the following anatomical picture:—Vaginitis, endocervicitis, endometritis, salpingitis or pyosalpinx, ovaritis and seccular peritonitis.

23. The hernial sac and the herniated contents may be the seat of an inflammation, suppurative or other in character, which has reached the tube and ovary by way of the parametrial and parasalpingeal connective tissue.

24. Pathological processes originating in the hernial contents may by extension by contiguity of tissue involve the sac and its overlying tissues.

25. The hernial sac and the herniated tube, ovary or tube and ovary can become the seat of pathological processes secondary to disease of the associated hernial contents:—Epiploitis, appendicitis, gangrenous gut, etc. Infection spreading by contiguity of surface.

26. The herniated tube, ovary or tube and ovary and the associated hernial contents may be free of disease or the uterine adnexæ may be normal and pathological changes be present in the associated hernial contents:—Appendicitis, gangrenous gut, epiploitis, etc. The associated hernial contents may be normal and the herniated uterine adnexæ be the seat of morbid changes.

27. It is at times difficult, at times impossible, to state with absolute precision whether the anatomical changes present in the herniated organ or organs developed previous to or subsequent to the displacement of the tube, ovary or tube and ovary into the hernial sac.

28. Truss-treatment for hernias of the uterine appendages is curative, is often

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productive of discomfort and interferes with the nutrition and development of the herniated tube or ovary.

29. Women who suffer from any form of hernia should be carefully watched before, during and after their confinement, so as to prevent or rather minimize any undue strain upon weak regions of the abdominal wall. These women, at the close of lactation or towards the end of the first year following their confinement, should in the absence of contra-indications be subjected to an operation for radical cure of the hernia.

30. In the female, all hernias irrespective of anatomical site, of clinical condition or of nature of contents should, in the absence of a constitutional state contra-indicating operations of election, be subjected to an operation for radical cure.

31. Clinical conditions so closely simulating hernias of the uterine appendages that a positive diagnosis without operation appears impossible, should be subjected to operative treatment. Only benefit can be derived from adherence to this rule. A diagnosis is established and a cure is effected.

32. In these hernias as in all other hernias, the ideal time for operation is previous to the development of degenerative or other pathological conditions in the herniated organ or organs and previous to the occurrence of any of the various complications incident to hernias.

33. The mortality of operations for the radical cure of hernias, if performed at an opportune time and by a rapid operator, competently assisted, is nil.

34. To be effective, operations for radical cure of hernias must well fulfill two essentials:—The suppression of the sac and the strengthening of the area through which the hernia has escaped.

35. In all herniotomies, the sac should be incised and the hernial contents examined.

36. In the female, the inguinal rings are comparatively small. They can, without inconvenience to the patient, be closed.

37. The herniated normal tube or ovary should never be sacrificed. These organs have an important role, and in the absence of marked structural impairment should be returned to the abdominal cavity.

38. The herniated abnormal tube, abnormal ovary or abnormal tube and ovary should be removed if their return to the abdominal cavity is associated with peril, immediate or remote, to the patient, or if these organs are so altered anatomically as to be functionally worthless. In sacrificing tissues or organs, the surgeon must be economical.

39. Until we are better informed as to the frequency and nature of true and false hermaphroditism, removed herniated uterine adnexæ not having a distinctive structure, should be subjected to a microscopical examination. This will avoid mistaking testicular for ovarian tissue, and *vice versa.*

40. In the treatment of strangulated sciatic or gluteal, obturator and femoral hernias of the uterine appendages in which the hernial sac also contains gangrenous gut, a double operation is almost always indicated: A laparotomy for the repair of the intestinal lesions and a herniotomy for the radical cure of the hernia.

1908 Trumbull Ave., Chicago, Ill.

THE MIND, AND PHYSICAL DISTURBANCE CAUSED BY OVARIAN SUPPURATION. A CASE IN POINT.

By G. Curson Young, M.D.

What would this world be without the human mind and impressible matter? *Preus mentis et materia.* The one enthroned in majesty, unseen, measuring worlds, changing the form of matter into thousands of uncreated things, displacing the placid form of sea and air, and yet in a moment it may be a wreck beyond repair. The other occupying space, displacing air, tangible, sensitive, destructible, and in animal form, like an unwalled city, soon capitulates and surrenders to the enemy, disease, without any stipulated terms.

Physical and mental disorders are dissimilar in manifestations, and sometimes very closely allied pathologically, yet there is a vast difference when one is considered from a moral standpoint and the other a physical. Our treatment of mental disorders would be considerably lessened if such diseases were viewed in a moral as well as a medical aspect. We have a patient suffering from cerebral disturbance,

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who is entitled to the greatest consideration of her physician. Minor symptoms, like straws, indicating the course of the current, should not be overlooked. We were called in consultation by a physician in a neighboring town, to see a woman, aged 53, who was suffering from a mental and physical complex disorder, and the case suggested a few thoughts which occurred to me at the time.

An over-taxed brain, as this was, from whatever cause, may give rise to a most complicated form of misery, and, unfortunately, how frequently do the efforts of medical men prove abortive! It may afford some encouragement to the nervous patient, that symptoms which are suspected dangerous, have no real existence, but that it is the character of such disorders to stimulate potent diseases. A good illustration of this remark, it accurs to us, is found in the *muscae volitantes* of the nervous contrasted with the *gutta serena*, which deprived John Milton of his sight. We might also mention paralytic symptoms, varying more or less, according to the condition of the nervous system, sometimes quite disappearing, and returning, perhaps, when an unpleasant topic is brought before the mind. Not to mention other instances, however, we must state here, that it is *that* condition of the system which gives rise to these unpleasant symptoms with which the medical symptoms with which the medical man has to do battle, how unimportant soever these symptoms may be in themselves.

In this case to which we are giving a passing notice, we have a nervous break down, which has been increasing for ten years. Although better and worse, yet the condition has been more pronounced after every attack since her catamenia cessation. Six children, all living, are the product of her sexual activity. No abnormal presentations. No post-parturition trouble, but after a few days as well and active as ever. Never had any uterine trouble and she did not know she had any ovaries until about two years ago, when she noticed sharp, stinging pains in the ovarian region. Violent headache, and dimness of sight. The ovarian pains would occur once a week, also the headache, but the eyes continued dim, and the dimness increased to almost blindness. The headache became more severe, accompanied with a chill, and then a physician was called in. He treated her for the headache and ovarian pains, belladonna for the head, with castor oil for the bowels, until they were moved every day. Hot compresses, saturated with epsom salt, twenty per cent. solution (20 ounces of epsom salt to 100 of water) applied to the ovarian region. Internally, tinct. apis mel. was used for a time, but gave no relief. Then fld. ext. macrotys, ℥i in ℥iv of water; ℥j every three hours, alternated with fld. ext. podophyllum ℥i in ℥iv of elix. lactated pepsin. ℥j every three hours. Some improvement followed this treatment, but the pain in the left ovary never ceased completely.

After making an examination and learning the history of the case, I suggested ovarian abscess being largely, if not the entire cause of all the trouble, and that it should be operated upon at once. The woman was informed concerning our conclusions, and stated that she would never go to any hospital. We informed her that the operation could be done in her home, and she consented. After all preparations were made, we made four injections of Dr. R. B. Waite's antiseptic local anesthetic, then plunged a small trochar into the left ovary, with very little pain. After withdrawing the stilette the pus flowed freely, until about two teaspoonfulls escaped. After all the pus seemed to be discharged, about one ounce of vanadioseptol was injected through the canula with a small glass syringe. This washed the cavity clean, and the canula was made fast with adhesive plaster, and she continued on her left side for four days. Vanadioseptol was injected through the canula morning and evening, then the injections were given every morning for four days. The patient began to sit up and no more discharge appeared, and no more pain; the canula was withdrawn and the wound dressed for a few mornings. Thus the operation was done and all pain ceased.

This woman was very anxious about her vision now, and as her mind had been in a state of disorder and confusion for some length of time, in fact she was not able to care for herself, and one idea was enough for her at the present time. I have thought

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it was well that it was so, because her perceptive and reflective faculties were all concentrated on the loss of her sight, consequently her field of observation was very narrow. This was helpful in gaining a balance of control. At times her mental faculties seemed to be unimproved. One day she said: "Doctor, do you think my sight will ever return?" We answered, "Yes." "Thank God, I believe it. I shall be able to see you." Our answer was, "If you believe it with all your heart it will be so." We had concluded that the condition of the eyes was one of *parapsis*, and was almost sure that an active mentality over impressable material would soon correct the abnormal condition. In one month from this time she could see, and at this time her eyes are normal, her brain is faultless, as everything she says, and every movement she makes, gives evidence of sane intelligence.

The etiology of this case is not obscure. The effect of inflammation on the ovaries of long standing, causing enlargement and induration, which broke down in suppuration, which by reflex and sympathetic nerve action affected the brain and the optic nerves, which is not an unusual occurrence in women at the close of their menstruation life. Ovaritis has so many causes, and causes so much trouble, hysteria, insanity, blindness and a hopeless confinement. This woman was not made sexless, neither was a post-mortem operation made. She is well.

Treatment.—She was given phosphoric acid, 85%, in one-drop doses, in one ounce of sweetened water every four hours, alternated with fluid extract gelsemium 3ss, acqua q.s. ad ℥ij; dose 3j every four hours. Fluid extract chelone. glob., ℥ss, aqua, q.s. ad ℥iij; dose, 3j three times a day after eating. Diet very generous, with all the lean beef she could eat.

Now, as the brain is material, it can be reached through a material agency, and the skill of the physician should guide him in his selection of the proper and most efficient remedies. Rest is a great remedy, but, unlike a broken arm, the brain cannot be suspended in a sling. Sleep and a total cessation from work, if such a thing were possible, would soon restore the equilibrium, but the brain will work, hence diet and medicine are most depended upon.

It is surprising the consumption that rapidly takes place in a person suffering from an attack on the nervous centers. The amount of food required in some cases is enormous, and here *caeteris paribus*, we have the greatest opportunity for success. If animal food is not given freely and frequently it is pernicious to have recourse to morphine and the whole host of sedatives to allay irritability. The best *sedative is that food which gives a due supply of pure arterial blood to the nervous system;* and such medicine should be given which tends to improve nurition. Chelone is one of our best remedies for this purpose. Where the irritability of the brain is great and insomnia prevails, hyoscyamus ranks among the best remedies, and as sleep is of such vital importance to a healthy brain and general nervous system, it should be the medicine. If the mind is diseased, the will suffers in consequence; attempts, therefore, to appeal to the will not only prove abortive, but become annoying and disgusting to the patient. He cannot minister to himself, nor can he shake off those feelings to which he is told he unnecessarily gives way. Any remedy for such disorders, to be salutory, must be voluntary. If our patient be of a reflective cast of mind, he may find relief by bringing the objective faculty into play in attending outdoor and other amusements.

The indulgence in a "brawn study" will prove useful as a rest for the mind, and it will calm the brain when excited. This habit may be pernicious for the idle to adopt, but for the class of persons whom we are now contemplating, it becomes useful, and the more freely indulged in the more strength does the brain acquire.

In those cases where there is religious despondency, if it proceeds from a morbid condition of the brain, we may have recourse to such remedies as hyoscyamus, guarana, gelsemium, cypripedium, phosphoric acid, and xanthoxylum, as a stimulant of the most permanent kind; but where it proceeds from the mind, entertaining defective views of religion, a morbidly sensitive conscience, or in short from whatever cause it may proceed, the physician, if he is of a serious mind, may encourage his

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patient with consolatory council. While in every case he may venture the advice of Juvenal: *"Orandum est, ut sit mens sana in corpore sano."*

Washington, N. J.

THE TREATMENT OF MALARIA.

By John Albert Burnett, M.D.

In the treatment of malaria the liver must be made active by some good purgative, as follows:

℞ Podophyllin.....gr. j.
Calomel .....gr. x.
Sodium bicarb.....gr. xxx.

M. Sig.—Divide into four doses and give one every four hours until all are taken. In an hour after the last dose give half an ounce of castor oil or magnesium sulphate or some other similar acting agent. If it is not desirable to give calomel, the following can be used:

℞ Ammonium chloride,
Fld. ext. apocynum,
Fld. ext. chelidonium.....āā 3iv.
Aqua,
Alcohol .....āā q.s. ad 3vj.

M. Sig.—One teaspoonful every two, three, four, or six hours as needed.

The following is a palatable laxative:

℞ Magnesium sulphate .....2 lb.
Cascara sagrada aromatic...1 lb.
Syr. yerba santa.....1 lb.
Syr. simplex .....q.s. ad 5 pt.

Mix magnesia with simple syrup one pound and dissolve by heat. Strain through cheese cloth, add other ingredients and simple syrup to make five pints. Dose, one tablespoonful before breakfast with a glass of water.

There are various remedies that can be used to control the fever. The following is an excellent prescription:

℞ Oil wintergreen (true).....3ij.
Acetanilid .....3iij.
Strychnine sulphate.....gr. iss.
Alcohol.....q.s. ad. ℥vj.

M. Sig.—One teaspoonful in water every three or four hours when needed.

If it is not desirable to use acetanilid, Pancoast's sweating mixture can be used. It is as follows:

℞ Aqua camph.,
Liq. ammon. acetat.....āā ℥iij.
Spts. ætheris nit.,
Sacch. .....āā 3j.
Antimon. et potass. tart.,
Morphine acitat.....āā gr. j.

M. Sig.—One tablespoonful every hour or hour and half when needed.

Another similar preparation, without the tartar emetic is:

℞ Morphine acetatis.....gr. j.
Sacch. alb.,
Spts. ætheris nit.....āā 3ij.
Liq. ammon. acetat.....℥iv.
Aqua camphor.....q.s. ad 3viij.

M. Sig.—One tablespoonful every two or three hours when needed.

Dr. Beverly Robinson, of New York, says that nitre and spirits of mindererus are the most innocent and most valuable of all anti-febricitants. And that when they don't abate fever in disease it usually means that it depends upon conditions that time and knife alone can change favorably. Sometimes Dr. Robinson combines nitre and spirits mindererus and at other times he gives them separately. When he combines them he usually puts two drams of the nitre in two or three ounces of the spirits mindererus, and gives an adult a desertspoonful to a tablespoonful in a little water every two to four hours.

Antiperiodics are numerous. The most common and best antimalarial drug is quinine or cinchona, or some of its alkaloids.

Combinations are often better than single remedies. Here is a combination that will do what quinine alone cannot do in the cure of malaria:

℞ Quin. sulph.....℥iss.
Iron sulph. .....3ij.
Magnesium sulph.....℥iv.
Sulphuric acid.....c.p. 3iv.
Aqua .....q.s. ad. ℥xxxij.

M. Sig.—To keep the first chill off give one tablespoonful every three hours until three doses are taken, beginning so the third dose will come about two hours before the chill is due. After this, one tablespoon-

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ful three times a day will usually be sufficient. This is real bad to take, but is the most reliable antimalarial compound I have ever used. The dose may seem large, but I find it is about right when positive results are desired. One or two grains of strychnine sulphate can be added if desired. It may be well to say something about how to mix it. I put about one and one-half pints of water in a quart bottle, then add the sulphuric acid to it and shake well, then add the quinine and shake until dissolved, then the other ingredients, and then enough water to fill the bottle.

Practically these same ingredients can be used somewhat separately and in palatable form.

The Merrell's syrup of cinchona alkaloids, Lilly's coco-quinine, or Mulford's syrup of quinine with chocolate can be used for the quinine, or Aristochin's saloquinine can be used. The two last named preparations are tasteless powders.

The Brodnax acid iron tonic can be used in place of the acid and iron in the prescription. It is:

℞ Hydrochloric acid,
Nitric acid.....āā ℥j.
Iron sulph.....3ij.

Mix.—(Use full strength acids) and let digest a few days and it is ready for use.

Sig.—Two to ten drops in a glass of sweetened water half an hour after each dose of quinine; or, if desired, immediately after it.

If this is diluted one-half with water after it stands a few days it is not so apt to blow the cork out, etc., and is more easily handled. It could be still more diluted or made into syrup form. The nitric and hydrochloric acids very well supplant the sulphuric.

In many cases of malaria, acids are very important in addition to the quinine. In some cases there is a deficiency of acid in the stomach, and quinine alone is only partially and slowly absorbed. When the tongue has a coat on it that has refused to clean off after repeated courses of calomel and other purgatives, an acid in addition to quinine is badly needed. An acid is needed when the breath has a cadaverous odor, loss of appetite, craving of acids, etc.

Magnesium sulphate can be used in the above mentioned prescription in doses as needed. It is a very useful remedy, even when given in doses sufficient to act as a laxative or just short of laxative action. If desired quinine can be used externally for systemic effect, as follows:

℞ Quinine bisulph.....℥j.
Glycerin .....q.s. ad. ℥iv.
Mix with heat.

Sig.—Apply one or more drams, as needed.

The sulphate of quinine is not soluble in glycerin.

Occasionally iodine is useful in malaria, and when this is the case some of the soluble iodine preparations can be used externally for systemic effect; for instance, Burnham's soluble iodine, iodine—Keysall, or iodum—Miller. The official tincture cannot be used externally for systemic iodine effect, as the above mentioned and similar preparations can be used.

In some cases of malaria, especially with children, in swamps, there may be a troublesome diarrhea, and when this is the case, in addition to the regular treatment the following can be used:

℞ Acidi gallici.....gr. xv.
Acidi sulph. arom.....3ij.
Tinct. opii. camph.....℥j.
Aqua menth. pip.....℥iij.

M. Sig.—Teaspoonful every hour when needed.

Another good remedy for diarrhea is:

℞ Carb. bisulphide.....3j.
Ess. menth. pip. .....mx.
Aqua .....q.s. ad. ℥iij.

Sig.—Shake, allow to settle, give a teaspoonful in water every hour.

In case there is insomnia, give:

℞ Chloral hydrate.....3ij.
Potassium bromide.....3iij.
Tinct. opium.....3j.
Syr. orange .....3iij.
Aqua .....q.s. ad. ℥ij.

M. Sig.—One teaspoonful, repeated if needed.

Hartshorne, Okla.

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JUST CLAPP.

By A. D. Hard, M.D.

Oh, my! what a "dose" I've got!
Take me to a doctor's shop;
Give me something to stop that pain,
And I never, NEVER, NEVER will be
naughty again.

Among the radical changes that have taken place within the past few years in regard to the investigation of cause, and the treatment of disease, nothing is more striking than the advance in the knowledge concerning the different phases of treatment for old-fashioned clapp.

Some of you who read this may remember—Oh, how it lingers in your memory—the balsamic regurgitations and the misery of the sense of taste that carried over from one dose to another, with the fierce stinging pain in the urethra when refraining from micturition was no longer possible.

If hell is punishment for evil, then clapp is a generous slice for hell. But the malady still continues to flourish, and its ravages are sweeping, taking in the innocent and gentle as well as the guilty and degraded.

Byron Robinson used to say that the gonococci traveled along railroad tracks, from one town to another, for towns remote from tracks were usually almost free from clapp, while the more railways into a town the more the disease would be found there. He advised that physicians, in particular, should avoid railroad towns.

We did not know then that the little imps of Satan hibernated in protected nooks of the human organism, and the great mistake we made when we sang—

"This is the winter of our discontent,
Made glorious summer,"

by the false supposition that a complete cure had been speedily effected. We did not then know that apparently inert little "Neissers" could bide their opportunity, and wander with unerring certainty among the elysian fields of lusty love to wreck the happiness and destroy the lives of those we so often cherish fondly in our exclusive affection.

We now gaze in abstraction upon the ground near our feet and mutter:

"Of all sad words of tongue or pen,
The saddest are" I've got the clapp.

These sharp pointed reflections lead to a more serious view of the subject. We should endeavor to lessen the amount of this destructive disease in our midst. As we know that prevention is more promising in its good results than efforts to cure, we should give prevention a more thoughtful consideration than has been the custom in the past.

"There was a little girl,
And she had a little curl,
And it hung right down on her forehead;
When she was good
She was very, very good,
And when she was bad—she was careful."

If our "bad girls" who, like the poor, are always with us, would only be real careful, it would permit our boys a safer freedom to pursue the usual even tenor of their ways with less occasion to visit the doctor's shop. But a further improvement might be secured by a slight change in the even tenor of our boys' lives.

By a strange provision of creative power the indulgence of sexual trend along lines of moral right is seldom followed by venerial disease.

That directing finger, the evidence of design, points toward the most effective means of exterminating clapp from the earth.

But while human beings are permitted to retain that choice of wrong or right which is characteristic of man exclusively, we must not expect that all will choose the right, therefore we must continue to oppose the wrong, and fight on indefinitely.

I have now reached the place in this discussion of clapp where you will no doubt expect me to announce a new and perfect cure for clapp. A cure that will sidetrack the punishment while permitting the original sin to be urged on by lack of adequate deterring punishment.

Gentle reader, I know of no such unfortunate cure, and I am not at all anxious to find one. The power of pardoning physical sin does not rest in the hands of men, and never will.

Marshall, Minn.

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Medical Gleanings

Under this head we endeavor to present a Condensed Summary of Practical Medicine, drawn from the best and most reliable sources, thus saving our readers much labor in winnowing out from the chaff, medical grains of real value.

SODIUM SALICYLATE IN INFLUENZA.

Dr. A. C. Stark, in the *Practitioner*, states that influenza of the ordinary type, he considers sodium salicylate the best drug to use. To give quinine to such patients adds to their discomfort. After a mercurial purge, the author uses the following combination, which, according to his statement, will arrest the affection in two days:

℞ Sodii salicylatis,
Potassii bicarbonatis....āā gr. x.
Tinct. nucis vomicæ.....mx.
Aquæ chloroformi.....q.s. ad. ℥j.

M. Sig.—To be taken at one dose every two or four hours.

ELECTRIC TREATMENT FOR MOLES AND WARTS.

Removal of such facial blemishes is now successfully done by means of electricity. The operation is almost painless and no scar is left behind. A needle attached to the negative pole of a galvanic battery is inserted in the excrescence, near its base. The patient is connected with the battery by holding the positive electrode in the hand. A mild current, suited to the size of the mole, is turned on and the needle inserted. Gradually the mole or wart, as the case may be, puffs up and assumes a pearly white appearance. A slight pricking sensation is felt, but the pain is not worth mentioning. Sometimes, one treatment is sufficient, sometimes several are required to cause the entire disappearance of these disfiguring excresences. A few hours after treatment the mole shrinks and flattens and a brownish crust forms. This should not be touched, but will drop off itself.—*Ex.*

QUININE IN AN AGREEABLE FORM.

The *Boston Medical and Surgical Journal* recommends the following method of administering quinine as both pleasant and more readily absorbed:

℞ Quinine sulph.....4.
Acidi citrici.....10.
Syrupi simp.,
Syrupi cort. aurant.....āā 1.
Aquæ dest.....q.s. ad. 20.

M. Sig.—Ten drops in a wineglass of water, to which has been added five grains of bicarbonate of soda.

ATONIC CATARRHAL DYSPEPSIA.

A good combination for atonic catarrhal dyspepsia is as follows:

℞ Tinct. hydrastis.....℥ij.
Tinct. nux vomica.....gtt. v.
Tinc. capscium.....gtt. iij.
Aqua .....℥iv.

An ounce of glycerin may be substituted for one of aqua, if desired.

Sig.—One teaspoonful every two hours.

TREATMENT OF SMALL-POX WITH TINCTURE OF IODINE.

Dr. Newell paints the exposed skin of patients in the early stage of small-pox with tincture of iodine two or three times a day for a few days and then stops. He asserts that this not only lessens or prevents pitting, but that it modifies the course of the disease, lessens the pain and fever, disinfects the parts to which it is applied, and lessens both the spread of the disease and the mortality.

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POINTS IN DIAGNOSIS.

Swelling under the eyes, grayish white or waxy color of the skin, denote granular disease of the kidneys.

Swelling of the labia, on one or both sides, will accompany inflammation of the kidneys.

Carbuncles on the shoulders, or scapular region, are frequent accompaniments of diabetes.

Pain referred to the meatus urinarius is sure to be the result of cystitis, prostatitis or nephritis.

Pruritus of the anus will be the only evidence, often, of disease of the prostate.

Sciatic neuralgia often depends, in females, on inflammation of the ovary; in men, on irritation of lumbar or sacral nerves.

Pain in the heels, in females, may be the only evidence of ovarian abscess, while pain and swelling in the mammæ will evidence some trouble in the same side of the uterus or fallopian tube.

An affection of the sensory nerves of the outside of the thighs in the male is an evidence of irritation in the spermatic ducts, or in the vesiculæ seminales. This area may be exquisitely sensitive—hyperesthetic—or it may be anesthetic and cold.

Severe occipital headache is almost invariably accompanied with an extreme output of the phosphates in the urine. I have not yet found an exception.—*Ellingwood's Therapeutist.*

THE USE OF ACONITE.

Dr. H. A. Hare, of Philadelphia, says: I confine the use of aconite mainly to the irritative forms of fever frequently seen during childhood. My preference is for the tincture, with which I have had no trouble. I give it in very small doses and use it in certain cases of cardiac arrhythmia. I do not employ the drug in the treatment of neuralgia or other nervous affections, and do not think its employment desirable, ordinarily at least, in the continued fevers.—*Medical Standard.*

THE PRESENT STATUS OF SALVARSAN.

Dr. Abner Post, in the Boston *Medical and Surgical Journal,* sums up the present status of Salvarsan as follolws:

It is the most rapid and powerful antisyphilitic known.

It is not without its dangers, which are sufficient to induce caution in its use, but not its abandonment.

It is not yet possible to promise absolutely a cure.

One should not urge its use upon those who are impressed by its possible ill effects.

It should be used in conjunction with mercury in all cases in which a diagnosis can be made before general symptoms appear.

It should be used in all cases in which patients are not progressing well under ordinary treatment in any stage.

It should be used in all cases in which patients are an especial danger to the community.

It should not be used in maximum doses but rather in repeated medium doses and in exceptional cases in repeated minimum doses.

So used it is one of the most wonderful drugs ever conferred upon humanity.

MAGNESIA DRESSING FOR BURNS.

According to Dr. Ohleyer, a burn of the third degree was successfully treated in this manner: Twice daily the wound was covered fairly thick with magnesium carbonate, and over this a double layer of gauze, upon which a layer of absorbent cotton was secured by means of a bandage. On redressing, the portions of the dressing which adhered to the wound were carefully removed with pads of absorbent cotton dipped in a 1/1000 solution of lysol. The author attributes the favorable result to the alkaline properties of the magnesia which absorbs and neutralizes the acid of the muscle juices and deprives the pus of its destructive action upon the skin.

Salol and formin added to gonorrheal remedies increase their efficiency.

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Notes and Queries

For this Department we cordially invite Questions, Comments and Criticisms on all Topics of Interest to the Physician in his daily work for relief of the sick, thus making the Summary a valuable medium of communication between the medical profession.

Correspondents will give their names and addresses, but initials will only be printed when desired.

The queries in this issue await the Answers which our intelligent readers may be pleased to contribute for publication in our next.

LOBELIA HYPODERMICALLY.

Editor Medical Summary:

Having had my attention called to lobelia Subculoyd, and its use where there were indications for relaxation, I obtained a small supply of the drug. Recently a case came under my observation, in which the indications pointed clearly to the use of this agent. While claiming nothing, in so far as myself may be concerned, relative to new discovery or application of this remedy, I report the case in the hope that it will bring forth remarks from others of the SUMMARY family, relative to their experiences with this drug.

Case.—Mrs. Wm. H. Age, 38. Wife of a laborer. Multipara. 8th pregnancy. Six children living. Family in very straightened circumstances. Previous pregnancies had been passed through without morning sickness or vomiting, but with each she had had hemorrhoids as a complication, and after third confinement had suffered much from afterpains, these increasing in severity with each confinement. Previous labors had been difficult, going over a period of at least two days, but all had terminated without instrumental delivery.

Owing to hardships, incident to the existing poverty of the family, and to numerous and serious troubles, during the time which she was carrying the last child, her nerve force and vital energies were greatly reduced, sufficient to bring her to term in the poorest sort of physical condition.

At the time I was called she had been in more or less severe pain for a period of two weeks, during which time the ingestion of either food or drink was followed by vomiting. I was called August 3, 1912, but prior to that time, from July 31 to August 2, another attendant had been with her constantly.

Examination showed the uterus high up in the pelvis, too high to permit of determination of presentation. I could just make out the os, which was very hard and unyielding. Her other conditions were fairly good. Her bowels had moved and she had urinated freely at noon of the day I was called.

Noting the clear indication of relaxation, at 4.30 P.M. I administered 60♏ of lobelia Subculoyd between the scapulæ. At 5 P.M. the patient was sleeping and there had been no vomiting after the hypodermic. At 7 o'clock she ate two graham wafers and drank half a glass of buttermilk, which was retained, after which she slept until 8.30 P.M. At this hour an examination showed almost an inch dilation, with head presenting. Another dose of the drug, 60♏, was administered, as was the one first given. From then until 12.30 the patient had a number of hard pains, but slept during the intervals. At the latter hour the dilation had reached about 2 inches. At this time 30♏ of the drug was administered and the patient showed the same symptoms, pain alternating with sleep, until 4.30 A.M. No medicine was administered at this hour. Until 8.30 A.M. the same conditions existed. At this hour an examination showed insufficient dilation for application of forces and another dose of the lobelia, 60♏, was administered. At 10.35 A.M. the forceps were applied, and after a gentle traction for one hour and five minutes, at 11.40 A.M., the result was the delivery of a five-pound female child. During the time of application of forceps the patient was kept under chloroform during the pain, and at times she would drop asleep between pains. I have neglected to say that the waters broke 9 days prior to the time I was called.

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There was no hemorrhage worth mentioning, and there were no vomiting or afterpains. Bowels moved August 7, and every day thereafter. She was up and dressed August 12, and in better condition than at any time for more than a year. Her appetite is good. To-day, August 14, she baked bread. Although the child was slightly cyanotic at time of delivery, it soon breathed, and to-day is normal in every way. This is my first experience with lobelia Subculoyd, and while not sure that such is a fact, it has been a wonder in my mind, if the drug had anything to do with the overcoming of the tendency to afterpains. In previous cases I have used H-M-C with good results, and like it very much. I would like expressions relative to the use of lobelia hypodermically in like cases.

P. S. CARPENTER, M.D.

Troy, Penn'a.

LOOKING BACK.

Editor Medical Summary:

I was looking over a bound volume of "The Therapeutic Gazette" of 1881, and the remedial agents lauded and used then—with very few exceptions are now passed to the state of *innocuous desuetude*. "Jamaica dogwood," Chian turpentine, quebracho, manaca, berberis aquifolium, grindelia robusta, yerba santa, grindelia squarrosa, yerba reuma, rhamus purshiana, and goodness knows how many more! Change is noticeable more in medical agents in the course of a few years than can be noticed in the changing character of disease.

Medicines which doctors of thirty years ago would stake their reputations on, are now obsolete! The remedies now relied upon were unknown thirty years ago. We are "progressives" now. The future will witness great advancement in medical science. It is advancing by leaps and bounds. We are living in the golden age of discovery in all directions; conquering the deep, the air, by talking through it and navigating it.

D. L. FIELD, M.D.

Jeffersonville, Ind.

STOMATITIS.

Editor Medical Summary:

I am frequently consulted concerning the above-named condition. We are all aware that inflammation of the mouth has its origin from various causes. I deem it unnecessary to mention the various causes, and therefore will only refer to mercurial stomatitis in connection with my special therapeutic measures in the treatment. The treatment I have found eminently successful in my practice of stomatology is this, with but little variation:

℞ Hydrastis .....3ij.
Hamamelis .....3iij.
Echinacea .....3iiss.
Tinct. myrrh.....3iss.
Glycerin .....3j.
Fld. ext. populis monilifera,
q.s. ℥iij.

M. Sig.—Wash mouth with this every two or three hours.

This will nearly always bring prompt relief, and can be relied on in all forms of the disease, except when caused by abuse of mercury.

In these cases, in addition to the mouth wash of the prescription I have given above, direct that the mouth be cleansed by washing out with H^2O^2 twice daily. The above treatment will usually give satisfactory results, and in a short time unless, in cases where the buccal membranes and tissues are broken down by ulceration and a tendency to gangrene is perceived to be supervening, and a tendency to necrosis of the maxilliary bone is developing. I then touch the ulcers with a saturated solution of potassium permanginate, preferring this to argenti nitras or potassa caustic.

I recommend in these cases the saturation of the system as rapidly as possible with sulphide of calcium, and at the same time give the following to maintain the normal integrity of the blood:

℞ Echinacea .....3iij.
Phytolacca .....3j.
Fld. ext. populis monilifera,
q.s. ℥iij.

M. Sig.—A teaspoonful every three hours during day time.

The above dose is for an adult. This

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treatment will give gratifying results in a large per cent. of cases, and I will say in conclusion, you will need no better treatment for aphtha than to aply the compound in my hrst prescription in this article.

W. M. ALTER, M.D.

England, Ark.

A PLEA FOR CLEAN SUBSTANCES TO BE USED AS MEDICINE ONLY.

Editor Medical Summary:

I had made up my mind not to answer, or enter into an argument, with any one who might differ with me to the modern requirements of the Twentieth Century, as regards an advanced standardization for clean therapeutics. Neither will I venture to offer any excuse for a physician, who chooses to utilize the dodge issue; of trying to justify the use of any unclean substance, under the fallacious assertion of its possessing curative qualities when indicated.

I wish to state as a fact, that there is no reasonable demand for or that any unclean thing, is or should be found indicated under the head of decent, sane therapeutics; even in the fractional dose of the 1/1,000,000 of a grain (one million) part: or the very highest potency only are said to be of service. And our materia medicas say must not be repeated often. I say amend this by declaring, never prescribe it.

It is unutterably nasty. God hath detested them with His own mouth: "Thou hast defiled my sanctuary with all the detestible things, and with all thine abominations." Medicines and healing comes from the Most High. Permit me to be curt, yet polite: I did not realize that there existed a living soul at this moment who would advocate the use of any unclean thing for or in the place of a clean remedy; even if it could be proved that there was curative virtues in vile filthiness.

There are thousands of God-given vegetables and minerals; also pure, yes, clean chemicals. Why cling to putrescent matter, "if chemistry could not find a trace of it, and the microscope fail to reveal its presence? Yet small or infinitesmal as the dose may be, it is curative when indicated." Legal rigid restriction will change such a false conception; assertions, theories, are not facts; in fact, they are not *via veritatis* (the way of truth.)

The good brother asks, "could anyone object to taking such a dose if there be the least chance that it may cure him? The only objection could be the name. But what is there in a name?"

Allow me to furnish the name, then grant the patient the intelligence to answer. All medicines are supposed to have a Latin name; here it is: One of the three mentioned in my article in the June issue. It is simply ***medorrhinum***. Now, what does this mean in plain every-day English? Our materia medicas inform us that the synonim is the gonorrhœal virus.

Now, kind reader, will you take it? Will you vote for such rot, to be classified under the head of modern therapeutics? If so you are a fit subject for the feeble minded institutions that dot this fair land or ours. Again the M. D. says "that the patient need not know the name, or it could be disguised, if preferred." Unlawful acts in *disguise* are subject to heavy penalties; and this is a crime that no respectable patient could forgive, even in his family physician; and then to think that a person belonging to the medical profession would suggest, "of course the law of pure food and drugs could not interfere, as it could never be proven that nasty stuff was present."

Ye gods! isn't that a smirch with a vengeance? Out here in Iowa we are petitioning the Legislature to enact and pass, also enforce, a law requiring rigid examination and inspection of substances used as a remedy, drug or a medicine. Furthermore, we solicit and invite our patients to ask this interrogatory: Doctor, what remedy are you giving me or my loved ones?

In the language of Horace Greeley, "Young man, go west!" I have been in the fray since 1876, and I am not willing to permit that Homeopathy, or her loyal subjects, be content with its teachings, unless they be superior, cleaner than they have for the last one hundred and sixteen years. This lack of judgment in the past three thousand generations, is no criterion for us to be governed by now. I ask for the highest standardization ever conceived of, and yet it is not unreasonable. Never has the

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medical profession shown a careful method of discrimination as to substances, demanding that they should be absolutely, positively clean.

He who lives and never thinks a thought, that has ever been born, or is never the means, or the cause of leaving his generation in advance from some achievement, some event that will be recorded as superior to any that have preceded it, that person is as fruitless as a benefactor, as the statesman who fails to leave his subjects better than he found them.

To one man in each generation in the past, for the last ten centuries, or such is or has been the average, instead of every person in each generation furnishing at least one individual new idea as a seal to stamp his identity, his worth to humanity, grant it me in preference to a granite monument, in place of being President of this Republic.

Imagine Hahnemann, doing penance in Hades, since July 2, 1843. Not alone, however, he has plenty of company, for every deluded follower since 1796 who has been a disciple and has departed from this universe, is keeping him company; and they ought to for about a thousand centuries to come, for the error they have made in not discriminating between vile substances and clean ones.

I take it for granted that old Pluto has promoted all departed Homeopaths to the position of transferring the spirits of the wicked dead that they have been the means of sending there, across the river Styx, of Hades, by row-boat, or pole-push ferry; for does not Jehovah say that no unclean thing shall enter the Kingdom of Heaven? And are not all those who have taken vile substances unclean?

This should be the abode of every Homeopathic physician who prescribes or administers any unclean thing and calls it by the sacred name of a medicine; there is no reason on this universe for mongrels, bastards, interlopers, prostitutors of clean therapeutics. Hippocrates would blush to attempt to use the new fool rot, foisted upon the regulars under the name of serums, vaccines, bacterines, phylacogens (modified bacterial derivatives) so-called scientific therapeutics.

Nevertheless, as respectable a substitute, as perfect a counterfeit for a remedy, drug or medicine as our nosodes, that J. Lopes Cordozo, M.D., inquires, why then should the Homeopath be deprived of a remedial agent so valuable in his hands.

There is a Divine commission to "go forth and heal." A healer does not use filthy substances to restore or cure. And a physician's duty is not to heal the sick; but the modern requirements is to furnish not only pure, fresh, wholesome, sanative, efficient, reliable, respectable, rational, but clean, absolutely, positively clean substances.

THEO. F. JOHNSON, M.D.
1409-11 Second St., Perry, Iowa.

A VALUABLE SUBSTITUTE.

Editor Medical Summary:—

At the request of the Council of the American Medical Association, the chemists of the council have been investigating the matter of glycerophosphates of lime, and have made analysis of many samples of those on the market with the result that none of them are standard or very useful reparations, all containing impurities, such as sulphates, chlorides and foreign sodium and calcium compounds, the presence of the latter having been disguised by adding citric acid.

They claim that none of these products are even entitled to the name "calcium glycerophosphate," and that all are disappointing in effect. Just what I long ago suspected from my own disappointment in the employment of these preparations.

Recently I have found a way round the difficulty in the substitution of calcium creosote, a substance that gives the exact effect, and the *whole* effect wanted when calcium glycerohposphates have been our first thought, with the great value added of the full antiseptic and autitoxic effect of creosote, and withal easy of assimilation.

It comes in anywhere where the glycerophosphates are prescribed, and lends a special charm to the treatment wherever and whenever, autotoxemia dominates a case of debility. The findings of these chemists induces the council to advise that those remedies be not described in their work

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known as "New and Non-official Remedies." Leaving them out may be no loss, but for them to include in their stead calcium creosote would be a distinct gain, as per my experience.

A. P. REED, M.D.

Naples, Maine.

OPERATION FOR INGROWING TOE-NAIL.

Editor Medical Summary:

An operation, simple in technique, for ingrowing toe-nail, is as follows:

1. Adjust a stout rubber band about toe, just above nail, tightly constricting the toe to control hemorrhage.

2. Clease the festering toe and surroundings.

3. Inject novocain 1/3 grain at matrix of nail, under nail and into granulation tissue.

4. Wait five minutes and with sharp-pointed scissors slit nail up matrix 1/3 inch from ingrowing side, making sure slit extends under rubber band to end of matrix.

5. With a strong pair of artery forceps take firm hold of nail, and with one sudden pull the offending part of nail will be entirely removed. If nail is thin and brittle the stump can easily be removed with forceps.

6. If granulation tissue is very exuberant it may be trimmed with scissors, curetted or cauterized with nitrate of silver.

7. Dress with unguentine, which is peculiarly grateful to the patient.

8. To prevent recurrence, advise patient about a proper fitting shoe, to train nail properly with tiny pledgets of cotton under same, and always to trim nail straight, and not diagonally.

EDWARD J. LORENZE, M.D.
1658 Lexington Ave.,
New York City.

A NEW CURE FOR AGUE.

An Alabama subscriber writes as follows: "A new cure for ague, to me, is to take three lemons, boil in a quart of water, take a wineglass three times a day. It cures here and in the malarial districts of Alabama."

Alabama. DR. F. C. G.

EARLY RISING.

Editor Medical Summary:

To get the invigorating air, every one should rise when "Jocund day stands tiptoe on the mountain tops"; or at the sound of the "clarion cock, shrill trumpetor of the morn."

It is the habit of too many to lie in bed till summoned to a belated breakfast. "A little more sleep, a little more slumber, a little more folding the arms in sleep." The early morning air is the purest and sweetest. The lungs need it, the blood needs it, the brain needs it, the nerves need it, and the muscles need it. It would be well to retire at 9 o'clock P.M. and arise at 5 o'clock A.M. At all events, let not 5 o'clock A.M. find you lolling in the sluggard's bed! "Sleep knits up the raveled sleeve of care." "Tired nature's sweet restorer," but there is such a thing as the ennervating excess of sleep. It ought to be eight hours of the twenty-four, however. The healthiest, and longest-lived people are the farmers; for the very reason that they retire early, and rise early, and get an abundance of fresh and uncontaminated air. As for that matter, the air at dawn is the best anywhere.

D. L. FIELD, M.D.

Jeffersonville, Ind.

CAUSES STRICTURE.

Editor Medical Summary:—

You may mention in your journal that any constrictor placed around the male organ of generation with the object of its acting as an aphrodisiac will repay the wearer of it with a stricture at that part. I have treated several foolish men for stricture caused by constrictors.

R. D. FAIREX, M.D.

1825 4th St., New Orleans, La.

Several methods of treatment of warts are enthusiastically advocated by their supporters. Lime water internally has done good service; so has magnesium sulphate. Oil of cinnamon applied locally is also recommended. Magnesium ions are said to be serviceable.

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New Books

All Books reviewed in this department, will be sent postpaid by the publisher of the Summary upon receipt of the price quoted.

TALKS ON CHRONIC DISEASES, WITH SPECIAL REFERENCE TO MECHANICO-THERAPEUTIC TREATMENT. A book for the general practitioner, as well as for the specialist, on chronic diseases. A book that tells you how to treat successfully how to relieve or to cure the chronic diseases mentioned herein. By Charles Andrew Starr Sims, M.D. Published by the Author, Kansas City, Mo. 1912. Price, cloth, $5.00.

Here we have a book from the pen of a thoroughly practical physician of many years' experience, one who has the interest of the general practitioner at heart; presenting the subject briefly and in the most practical manner possible, giving his own experience in as brief and concise a manner as, in his judgment, it was possible to express it.

This is a book for the general practitioner, as well as for the specialist, on chronic diseases. Its careful study and the practical application of its teachings in practice will enable the general practitioner to cure some chronic cases that before seemed impossible, and in a little while he will be able to increase the number of his clientele and consequently benefit his financial condition and at the same time he will be doing much good to humanity. Many physicians now have their offices equipped with vibrators and other therapeutic appliances, and to all such this book will prove a valuable instructor; to gain additional knowledge of how to cure chronic diseases is of vast importance to the general practitioner.

The author emphasizes the importance of a knowledge of the spinal nerves and their distribution in the successful application of vibration. He says that, without an intimate working knowledge of the spinal nervous system and of the distribution of the most important nerve trunks, vibratory treatment will be a failure. He develops in a simple way the best method of treating a great many conditions that are not otherwise satisfactorily treated.

UNCOMPLICATED PREGNANCY AND LABOR, Presenting a Simple Scientific Method of Treatment of the Disorders of the Pregnant Term for their Cure and for the Prevention of the Complication of Labor, to Induce a Normal Balance of all Functions, so that a Labor Without Pain in Very Large Part is the Result. By Finley Ellingwood, M.D., Chicago, Ill. Author of "Ellingwood's Therapeutist," "Ellingwood's Practice of Medicine," "Materia Medica and Pharmacognosy," "A Synopsis of Medical Chemistry," "Manual of Urinalysis," and Editor of *Ellingwood's Therapeutist*, 32 N. State St., Chicago, Ill. 1912. Price, cloth, $1.60.

This is an admirable little volume of one hundred and sixty-three pages, on the disorders of the pregnant term emanating from the pen of a man who is neither a novice as an author nor as a physician.

Dr. Ellingwood has had ample experience in both, as an author and a general practitioner, and his well balanced mind has given us much, not only in the present volume, but elsewhere, that has been of great value to practicing physicians throughout the land.

The little book now before us is something of an innovation. The subject has been written upon on many occasions for the laity, but not a large amount of literature is found that presents the subject directly to the profession.

We have not the space for further details of its subject matter, but suffice to say that, it is a valuable and instructive little book, one that should be in the library of every general practitioner.

E. MERCK'S ANNUAL REPORT OF THE RECENT ADVANCES IN PHARMACEUTICAL CHEMISTRY AND THERAPEUTICS. Volume XXV. E. Merck, Darmstadt. 1911.

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This volume is larger than usual, containing over 500 pages, and is distributed principally among teachers of materia medica and therapeutics, and medical and pharmaceutical libraries. Generally, however, a few copies of each issue are left over after this special distribution, and physicians and pharmacists who make early application can obtain a copy by remitting the forwarding charges of fifteen cents, in stamps, no charge being made for the volume itself.

We are informed that the edition is limited. It contains comprehensive special articles on "The Glycerophosphates" and "The Digitalis Glucosides and Allied Drugs"—in line with the decision reached a few years ago to increase the value of the Annual Report as a reference work by the addition of chapters in which certain groups of drugs are discussed as fully as possible, with reference to the original literature. Those interested are thus enabled to make themselves thoroughly familiar with a certain field of pharmacological research, and to trace further developments in succeeding issues. Address, E. Merck & Co., 54 Park Place, New York City.

THE "WELLCOME" PHOTOGRAPHIC EXPOSURE RECORD AND DIARY FOR 1913. Burroughs, Wellcome & Co., London, England. 37 W. 33rd St., New York City. Price, 50 cents.

Within its closely packed pages this book contains a surprising number of useful and practical paragraphs for the field, the dark room and the studio. Among the most novel features are the descriptions of new methods of toning prints green and blue, by the use of "Tabloid" toners, which act selectively, leaving the high lights only faintly colored. There are also interesting notes on the technique of color photography, and on modern methods in development. Every process from bromide printing to gum bichromate is lucidly and briefly described. The illustrations aptly enforce the lessons of the text and the practical and helpful character of the advice given in the tables and epitomized directions makes the book a real dictionary of daily photographic practice.

PROFESSION OR TRADE.

Look first on this picture:—

"Early in your practice get in the habit of regarding your every sentence like a grocer does his sugar or tea, or an artisan does his time * * * "—T. F. Reilly, in *N. Y. Med. Jour.*, October 26, 1912, p. 844.

And then this:—

"Our forefathers in the healing art * * * were afflicted with a false modesty which made them ashamed to take money. * * * The healthy way to look upon one's business position is this: *I am not half paid for all the good I do.* * * * A doctor must be either a business man or a beggar."—W. J. Brady, in *N. Y. State Jour. of Med.*, June, 1912, pp. 277-8.

And now on this:—

"There is not, there never has been, a profession equal to ours, when practiced, as it ever should be, with a soul above lucre. Let's say and believe truly: we entered our profession * * * *not* for the loaves and fishes, but to serve God and man in the best, highest way. * * * To every physican who has the nobility of his profession at heart, the sending of a bill for his services to a patient is always somewhat of a regret."—Beverley Robinson, in *N. Y. State Jour. of Med.*, August, 1912, p. 477.

Problem:—Find the most lovable man and the best doctor.—A. B. Jacobson. *L. I. Med. Jour.*

MULLEIN OIL.

Mullein oil has been highly recommended for earache and incipient deafness; a few drops on cotton, applied in the usual way, is the simple mode of treatment. Administered internally in two to four drop doses it is claimed to cure "bed wetting" and dispel the burning feeling and ungency of frequent urinating.

Rhus tox. is very effcient in rheumatism, especially when there is the sharp, burning pain in the affected parts, which are bright red, and the tongue is red and pointed with prominent papillæ.—*Mundy's Diseases of Children.*

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Summary Gleanings

A saturated solution of picric acid in water applied over burns relieves pain almost instantly.

Sponging with a one-in-eighty solution of creosote in alcohol is excellent in the treatment and prevention of bedsores.

The important consideration in the treatment of chorea is forced sleep and persistent rest in particular, and the most concentrated easily absorbed nutrition.

Don't fail to examine the nasal cavities in all cases of asthma, hay fever, deafness, and chronic cough.

Filling of the urethra with warm olive oil will sometimes facilitate the passage of the catheter.

Salol is a good urinary antiseptic. Benzoic acid is also valuable—and acidulates the urine when it is alkaline. Supplant it with urotropin or arbutin.

Now is the season for whooping cough. Try the thorough saturation of your little patient with calcium sulphide, with atropine to mild physiologic effect.

Give your pregnant patients plenty of lime-containing foods—adding medicinal lime if the teeth decay or if there is nervous irritation.

In facial neuralgia, tic douloureux, brachial neuralgia, neuralgia of the ear without inflamatory changes, gelsemium is indicated.

Another new remedy is vanadarsin, a combination of vanadium with phosphorous and arsenic, and is used in the treatment of tuberculosis, anemia, etc.

Mercury guaiacolsulphonate, a new remedy, occurs in brown crystals containing 33 per cent. of mercury. It is soluble in water and the solution may be sterilized without decomposition. It is used in the treatment of syphilis.

Don't forget to examine for adenoids in the pharyngeal vault by introducing the finger through the mouth up behind the soft palate.

The use of turpentine is indicated in cases of typhoid fever where the tongue is dry and brown, the mucous membranes dark red and dry, or if there be tympanites.

Creosote should not be given to patients with fever or signs of congestion nor with loss of appatite nor long continued hectic. It may be given where there is no fever or only the slight fever of suppuration.

Usually when dropsy occurs in the feet alone, the heart or circulation is at fault. When it occurs in the abdomen alone the liver is at fault, and when there is general dropsy there is kidney trouble.

Don't forget to cleanse the nasal cavities before making an examination or medicinal application. Medicated sprays or insufflations into the cavities lined with inspissated mucus are applied to the mucus and not to the membranes lining the cavities.

Flatulency associated with constipation is best treated by directing the attention to the constipation. A daily saline enema is usually sufficient to rid the patient of his annoying distention and colic. A systematic massage of the abdominal walls several times a day will aid greatly in overcoming the atonic condition of the intestinal walls.

A writer in an Indian journal calls attention to a simple method for removing corns and warts, which he naively describes as "very cheap." His treatment consists of holding a convex lens over the corn or wart at a distance of about 6 or 8 inches after the manner of a burning glass. This is to be done daily for about five or six minutes. The wart disappears altogether after five or six applications.

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The MEDICAL SUMMARY

A Monthly Journal of

PRACTICAL MEDICINE, NEW PREPARATIONS, ETC.

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"THE MEDICAL SUMMARY,"

2321 Park Ave., Philadelphia, Pa.

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BLOOD-LETTING IN PNEUMONIA.

What about blood-letting in pneumonia at the present day? Do any members of the SUMMARY family practice this method, and if so, with what results? Who will give us a good paper on the subject?

We want your ideas and experiences on treatment; do not hide all your good things under a bushel, let them out in the light so that others, less fortunate, may profit from your experience.

THE MUSTARD PLASTER.

The great majority of aches and pains are responsive to the mustard plaster. It is always within reach even in the humblest home and can be prepared in a very few minutes. If the paste is made from freshly-ground mustard seed, it should be diluted with at least two parts of flour to one of mustard. The common ready-prepared mustard may be used in a greater strength. Use cold or lukewarm water in preparing the paste. Heat destroys the essential oil of mustard and destroys all its therapeutic properties. Anointing the skin with vaseline over the site where the plaster is to be applied lessens the tendency to blister.

Some one with an aptitude for details has figured out these indications for using mustard: "Mustard plasters should be placed so as to set the blood tide away from the inflamed part, as for instance: In inflammation about the throat, tonsilitis, quinsy, diphtheritic or syphilitic sore throat, the tissues are swollen, heated, and red by blood and lymph gathered from all parts of the body in dangerous quantities; if applied to the swollen tissues, mustard will aggravate; but if the blood is drawn down into the cold hands and feet, the relief will be surprising. This may be done by placing mustard plasters on the calf of each leg or on the thigh or the soles of the feet; on the abdominal surfaces. Same method to be followed in other diseases."

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STERILIZATION.

At least eight States now have laws providing for the sterilization of feeble-minded and certain criminal types. Many other States are preparing to adopt laws to this effect. Indiana was the pioneer in this movement, and has given it a pretty thorough try-out. The operation of vasectomy is almost painless and does not deprive the individual of his desire or capacity for sexual congress; it only inhibits his ability to procreate.

When the whole subject is viewed from a practical point of view the arguments for sterilization of the mentally defective seem greatly to outweigh the sentimental reasons advanced against it. Many inmates of institutions for the feeble-minded could be kept safely at their homes and help to earn their own living were it not for the opportunity to reproduce their own kind which such liberty would give them. Considered in all its various aspects it would seem that the most practical plan for the elimination of the feeble-minded strains should judiciously combine the methods of sterilization and segregation.

THINK FOR YOURSELF.

Why should educated men like those of the medical profession allow themselves to be led by the nose, following a leader like a flock of sheep? Indeed, to our mind it has always seemed a very foolish, or allow us the expression, a senseless act. That an intelligent body of men, as those of our profession purpose to be, and undoubtedly are, in the strict sense of the word, should ever allow themselves to be swayed by any faddist, or dictator, seems beyond reason.

The agitators always go to the one or the other extreme in everything, and to follow them blindly is unwise. But in medicine, as in fashion, the pendulum is swaying constantly to and fro from one extreme to the other. This, however, should not be the case in medicine, as here it meets with intelligence, but physicians also fail in a measure to exercise their own gray matter. This is all wrong. You are just as capable to evolve a good thought as any agitator or dictator in the land, and probably more so, as your practical experience has been a good teacher, and you have learned the lesson.

How empirically we used iodine and carbolic acid in our practice more than thirty years ago. The former as a local application in erysipelas, and the latter on all sores, wounds, contusions, etc. We did not then know of its antiseptic qualities, we simply knew, from experience, that both were good things to use, that is, we obtained the desired results, and that was all we knew about their action. Suffice to say that we used carbolic acid liberally, and never with any untoward effect. One thing we did not use, and that was iodoform, as we never could see anything in it except its abominable odor. Now the iodoform fad has gone and we are returning to carbolic acid—such are the ways of the faddist.

Here is what Dr. Coblentz says: "The toxic (poisonous) properties of iodoform, which have made it desirable to discover an efficient substitute, arise from the fact that iodine may be liberated in excessive amounts, when it acts as a local irritant or through absorption givs rise to poisonous systemic effects." To eliminate the disadvantages of iodoform, namely, its toxicity (poison) and objectionable odor, formidin was conceived. It is superior to the former in every way.

CAPSICUM.

Capsicum, a product of Cayenne pepper, is an old-fashioned remedy. The tincture is the preparation most often used; the dose is from ten minims to a dram, well diluted. It is a valuable stomachic tonic. In dipsomaniacs it lessens the craving for drink. It is an excellent remedy for flatulent colic. The tincture internally and a plaster externally over the small of the back are serviceable in cases of renal congestion with habitual pain in the back and a trace of albumin. Capsicum makes a very valuable counter-irritant and is not so painful as mustard. For this purpose the powdered drug may be incorporated with vase-

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line or lard. A full dose of capsicum at night taken well diluted with hot water is helpful in aborting a cold, aided by the usual auxiliary remedies.

ARE THE OFFSPRING OF DRUNKARDS DEFECTIVE?

In the *American Magazine* for January, Albert Jay Nock writes in an iconoclastic spirit regarding some of our traditions whose truthfulness no one ever had the temerity to question. We are taught that the children of inebriates are in some way defective. Mr. Nock set out to investigate the matter. His natural sympathies were on the side of abstinence and sobriety, but he approached the subject without bias or prejudice. His researches at the Galton Laboratory for Eugenics at the University of London convinced him that it is not true that drunkards' children are physically weaker or mentally inferior to those of better parentage. Statistics of his research are given to bear out the claims which the author makes. The writer admits, however, that the children who have dissipated mothers are more likely to be defective, immoral or degenerate than when the fathers are inebriates; but he attributes this to the fact that the children are more likely to be associated more with mothers and thus share their unwholesome influence.

The writer says: "Here let me post a signboard pointing to the maelstrom of error that has sucked in many a statistician —the practice of taking association for causation. Thousands of consumptive parents have consumptive children; therefore, until the germ was caught and detected and the whole theory of the diseases revised, we all firmly believed that consumption was inherited. Or again, when we see a man who drinks and is poor, we infer that he is poor because he drinks. He may be; but again, he may drink because he is poor. Miss Willard said it was often true one way as the other, and Tom L. Johnson agreed with her. Then there is a third distinct possibility. He may be poor because he is inefficient; and *inefficiency and drunkenness alike* may be collateral results from defective stock. Not an inebriate stock, by any means—there may not have been a case of alcoholism in it for seven generations—but a defective stock of which drunkenness is merely one symptom, along with epilepsy, imbecility, albinism, and a host of others, and in which any symptom may appear in any individual member."

MEDICAL SUBJECTS IN LAY PUBLICATIONS.

This is an old topic, but our reason for introducing it here is because of a recent incident which may in some measure prove illuminating. *Pearson's Magazine* for January contains a write-up of Shafer's Phylacogen treatment, the article being written by Arno Dosch (who's Dosch?), and the contention of the magazine and the author is that said treatment is a good thing and should therefore be brought quite generally to the notice of lay readers. The ethics of the matter is a rather peculiar one. The promoters of the treatment, the well known Parke, Davis Company, objected to the publication of the article because its voluntary exploitation might bring adverse criticism within professional ranks. The treatment in question while of undisputed merits requires to be administered by a physician, and it would seem that little gain could accrue to the lay world by reason of its publication in a popular magazine. Aside from the commonest remedies the medical fraternity must ever be the arbiters in the matter of employing therapeutic agencies having anything like specific action. The lay reader is incapable of passing judgment upon such remedies. Again, we know that many remedies that get a good deal of exploitation, both to the profession and the laity, sometimes are soon relegated to the unknown whence. For instance, only recently a tuberculosis cure bobbed up in Berlin, and its wonderful cures were disseminated to the reading public through matter syndicated to American newspapers. The newspapers dislike to turn down a good story of wonderful cures, especially when it comes over the big pond. A good many of the profession also, by the way, share this excessive op-

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timism with regard to imported and well-exploited cures. With regard to the Phylacogen matter it would seem that the house presenting it to the profession has reasons for being incensed at the remedy being exploited to the laity.

THE PURE FOOD AGITATION.

The subject of pure foods is not an exciting one, yet nevertheless it is a subject that should be of vital concern to all scientists and sanitarians. The redoubtable Dr. Wiley keeps up an incessant fight against food adulterators in the face of the strongest of commercial and scientific foes. In the January number of *Good Housekeeping* he directs a few forceful blows against the defenders of foods preserved with benzoate of soda and benzoic acid. While this drug is not a powerful poison, yet its slow and insidious action is sure to wreak mischief upon its user in time. Benzoate of soda is converted into hippuric acid and eliminated by the kidneys, this seeming to be nature's method of minimizing its harmfulness upon the human economy.

"It is a mistaken idea," says Dr. Wiley, "that a food is not to be condemned unless it produces diseases. A food is to be condemned which is in any way so debased as to undermine nutrition and impoverish the blood, and thus open the door of the body to invite the entrance of every germ that may be coming along the road." A discussion of bad eggs—eggs good enough for scrambling but unsafe for boiling or poaching—is given which is quite illuminating. Expert investigation has revealed countless numbers of bacteria in cracked and frozen eggs. Doubtless many cases of ptomaine poison could be traced to eggs of inferior quality. Dr. Wiley also puts up a strong plea for pure candy. Most of the commercial candy is made from glucose which is cheaper than sugar. Coal tar colorings and flavorings are quite extensively used while a number of other deleterious agencies, even a trace of arsenic, enter into the manufacture of candy. Candy as well as foods is best when it is presented in simple purity.

DOES WALKING REDUCE FLESH?

In the recent well-known hike of suffragists from New York to Albany, many of its participants expected the long and arduous tramp to reduce their flesh. Perhaps some of these ladies nursed the delusion that the pedestrian stunt would render them thin and spirituelle in appearance and all the more attract sympathetic attention. But lo! the reverse is what happened. The ladies increased in weight and strength and acquired ostrich-like digestions. We have always heard the gospel of walking preached as the panacea for redundant and obnoxious flesh, but this bit of experience seems to refute that idea. It is probable, however, that no other procedure builds up the body so symmetrically, so strongly and is quite so conducive of good all-round health like walking in the open air. The age of languid, anemic females lounging their lives away absorbing morbid fiction is past. Walking may not literally "reduce flesh," but it favors an even and well-balanced distribution of it; it develops muscle and sinew instead of gobs of fat.

ATROPINE, AN EMERGENCY DRUG.

Atropine sulphate is one of our dependable therapeutic agents in the indications for which it is peculiarly suited. Atropine should be used oftener subcutaneously than morphine. It stimulates the vasomotor dilators of the capillaries and increases their caliber and their capacity for blood. Internal congestion is relieved and the periphery is flooded. The capillaries are filled and pressure in the veins and arteries reduced. Atropine is therefore one of our very best hemostatics. It is especially indicated in cases of traumatic hemorrhage. In asthma, edema of the lungs and all conditions in which internal hyperemia is a factor, atropine gives speedy action.

Pain in the back or extending down the leg and sometimes simulating sciatica or lumbago may be due to chronic prostate.

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Leading Articles

Brief and practical articles, short and pithy reports of interesting cases in practice, new methods and new remedies as applicable in the treatment of diseases, are solicited from the profession for this department. ¶ Articles contributed for the Summary must be contributed to it exclusively. ¶ Write plainly and on one side of the paper.

The Editor is not responsible for the views of contributors.

THE THERAPEUTIC VALUE OF THE OXIDE OF ZINC.

By J. H. Hiden, M.D.

In this day of therapeutic nihilism—the natural reaction from the restless changes in the over-production and uses of worthless pharmaceutical and chemical mixtures, the average physician is apt to lose sight of the value of the most commonplace, simple products which are really the hidden gold amidst infinite piles of dross. Among these simple products, I wish to call attention to the oxide of zinc. We have all heard of it. Many of us have used it. And many have greatly neglected it for something of much less value. It is very commonly used either as a dry powder or as an ointment, and it is occasionally used internally, as an intestinal astringent, either alone or in combination with other drugs in forming a mixture. I wish, however, to mention some simple, practical ways in which the drug is exceedingly efficacious in assisting nature in the healing of skin eruptions, wounds, indolent ulcers, etc.

Mixed with equal parts of boric acid, it makes an excellent dry antiseptic and astringent dressing for fresh cuts and wounds, preventing the boric acid from causing too free bleeding. Indeed, I use this mixture in many cases in which I was taught in my college course to use iodoform—that skunk of modern surgery. And I find that in at least ninety per cent. of these cases the mixture is far more efficacious than the iodoform. Besides being more efficacious the zinc mixture is very cheap and non-toxic, and is especially adapted to the wounds upon infants, even at birth. Indeed, my routine practice in obstetrics is to apply the boric acid and oxide of zinc mixture directly to the end of the umbilical cord when the baby is dressed.

Again, oxide of zinc is most happily used as a paste, and this paste easily dries, forming a nice protection to any small wound or puncture. I use it often after giving hypodermics, diphtheritic antitoxin, etc. This soft paste is made by simply adding a few drops of an aqueous solution to a small quantity of zinc oxide. My favorite paste is made in the same manner by using bichloride of mercury and ammonium chloride solution (1 to 2000 strength) to the zinc oxide, making a more powerful antiseptic. This paste sticks nicely and sufficiently to protect small wounds from the dust and bacteria of the atmosphere while the healing process underneath is going on. This paste, moreover, is especially applicable to slight wounds and abrasions about the face when a bandage is objectionable to the patient. For instance, some time ago a patient came to me with a severe cut through the right upper eye-lid. After washing the wound, the edges of the cut surfaces were carefully adjusted, and sewed as neatly as possible. Then the zinc paste was applied without any bandage and the healing was almost like magic, with scarcely a visible scar.

Another example: after removing from another patient a small sebaceous cyst, situated about an inch below the outer corner of the left eye, one of my fellow physicians was a little surprised at my using only this zinc paste as a protection. He expected me to cover the wound with a bandage. This paste, however, proved to be all the protection that was required, and the wound healed with astonishing rapidity.

Again: in cases of sores about the face, especially such as are found in impetigo contagiosa, I find this zinc paste especially indicated. In these cases I remove all the crusts, and wash the raw surfaces with a bichloride of mercury solution, then make the fresh paste and apply it well to the irritated places. This is done twice a

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day; that is, the bathing and the applying of the paste. The healing is usually rapid and satisfactory. When this course is pursued in time, I have never seen it followed with the glandular swellings which we so often find in cases treated with ointments, sulphur, etc. Just here it may be well to say that when there is much stinging and itching about any of the skin abrasions the paste can be made more comfortable and soothing by using in its composition a two per cent. solution of carbolic acid instead of the bichloride of mercury solution.

Again, the oxide of zinc paste is especially helpful in the treatment of indolent ulcers, chancres, etc. Not long ago I had a striking example of its efficacy in one of these indolent ulcers. The patient—an old man of about eighty years of age—had upon his face quite a number of warty growths. He had had an epithelioma of the lower lip successfully removed, and these warty growths were a source of some anxiety to him and his family. One of these small growths, about a year ago, gradually degenerated into an indolent ulcer, and this was treated for months with various antiseptic ointments. None of these ointments, however, seemed to benefit him, and the ulcer only became more irritating and painful. Upon applying to me for aid, I burnt out the ulcer with pure carbolic acid and applied my zinc paste, made with the solution of bichloride of mercury, as above given, and the ulcer healed with astonishing rapidity.

These are only a few examples of the many treated in this simple manner with almost uniform results. And in advocating this simple treatment for such troubles as we have described, it is sufficient to say, that after using for years many of the more highly advertised and costly antiseptic powders, I am using fewer of them every year in favor of oxide of zinc in some form or combination.

Pungoteague, Va.

For colic and flatulence, oil of cajeput in five drop doses is recommended as superior to the carminatives or the other aromatic oils. Five drops is usually sufficient as a dose, though it may be given as high as ten and fifteen drops.

SOME FORMS OF INSANITY.

By R. R. Hopkins, M.D.

Premonitory symptoms by which they may be detected. We must remember insanity is a symptom only; it cannot be defined, and to be properly appreciated must be considered along with other symptoms, just as a fever, a chill, or a paralysis. First determine that there is a mental aberition; second, be sure that the patient is not asleep, in a trance, sleep-walking, enjoying a hysterical fit, undergoing a delirium due to an acute infection; suffering from a rapidly progressing coma, or is simply absent-minded, due to preoccupation; third, find out how far he varies from his normal condition, and if he has ever been normal. How far he varies from the standards existing around him; fourth, unearth the causes of his peculiarity. Don't look solely to his surroundings, but examine him physically and chemically. Look for pathological conditions within the brain, and for any of the long list which act reflexly; inquire about the heredity, his early life, etc. look for the stigmata of degeneracy; see if he is an imbecile, an idiot, an epileptic; fifth, examine briefly into the degree of the aberration, and sixth and lastly, look at the kind of disturbance he has. There are certain premonitory symptoms of the more prevalent forms of insanity that can be counted on, as a general thing, as infallible, in paresis, which is claiming its victims in tremendous numbers, there are many physical signs that are almost incontrovertible. The exaggerated twitching of the facial muscles in conversation, the occasional tendency of the eye to turn outward, the weakness of the legs, the flabbiness of the muscles, the preliminary symptoms that give warning that the person is about to down, with the victim of mania. In the maniac, the symptoms are often similar to those found in melancholia, though generally the disease gives the victim an appearance of great elation, the eyes are abnormally bright, the features are alert and tense, and an air of tremendous excitement is apparent. This is from a constant fear that something is about to happen. Another

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form of insanity is prevalent among younger persons, excessive strain, continued worry or trouble, allied to a weakened physical system, are the causes. It manifests itself through the gradual loss of some faculty that has been all right until now; the loss of memory for details is an alarming symptom, and one that should be given careful and immediate attention. The patient if taken at the right time may be cured, but not after the disease has got a firm hold on him. Paranoia, which is a very prevalent type of insanity, is almost invariably indicated by a peculiar self-satisfied conceited expression of countenance. The person poses, sneers contemptuously and in ways shows his tremendous stage-struck condition. He is absolutely controlled by the ego. Everything to him is I, I, I. He is a monomaniac, with one set idea, a single purpose. Lord Roseberry ascribes the increasing cause of madness to the rush, the push, the hurry, the noise, the smoke, the excitement of modern life. The craving always to be somewhere else is of modern growth that may well produce insanity, if it does not rather denote it. One might suppose, he says that modern England is possessed with devils, hurrying in vain to escape from a hell which bears them company. The remedy is teaching a higher and better system of life in the prevention of incessant restlessness, whether by motor cars (which I believe to be the worst), motorcycles, or any other rapid motion. Any reasonable person ought to learn that their homes are better, and quiet, under wholesome conditions and harmony. In the physical conditions we must reduce the strain upon the nerves, which is classed as one of the causes of insanity, or some of its attendant conditions, as neurasthenia. The imperative need of harmony in the home surroundings, as well as in business life, is being felt by thinking individuals more every day; it is impossible to do our best work in an atmosphere of confusion. It is an invariable rule that illness and disturbed nerves and agitation are rasping disagreements and injustice along any line predisposes to meet the condition to depress the vital center, the penalty of which is loss of the forces to build and equalize the energy. The home is our castle, our business is our hope of success. There is no price too great to pay for harmony; it means health, happiness, financial success to you and yours, the ability to help others, and all through the gaining and holding the mental poise which is the price of understanding. Some of us have to be beaten with many stripes before we realize the need of and grasp the knowledge of harmony, but those who have already felt a longing for it and pause to listen will get the revelation and conceive its gospel-like benediction.

This same condition holds good in all the phases of life, from the home to the head of the nation. Dr. Forbes Winslow says the world is going mad; these are facts, and, sad to reflect upon, they must be accepted; they cannot in any way be challenged. His concluding statement is: "I have breathed the atmosphere of lunacy for sixty years, and the conclusions I arrive at are pessimistic in the extreme."

Cavenaugh, of Chicago, says: "Hysteria is now sweeping the nation. Unless some effectual method of slowing up is discovered, the most of this country will go to the hospital with neurasthemia."

John Cavenaugh, president of Notre Dame University, suggested that a good dose of chloroform or a siege of locomotor ataxia might put a check on nation-wide hysteria, and bring the people to their senses. He said that within his lifetime he had seen three passions amazingly developed in the American people: the passion for travel from place to place, the passion for public spectacle and entertainments, and the passion for mingling with other people as against home life. Another we will add is to beat and tear down (with the most of persons), especially with those in power.

We find the railroad trains crowded, the theatres packed, the five-cent shows are popular, and modern methods taking the mind from home and the family circle.

John T. McCutcheon once had a cartoon in which the son of a family, home from college, did not have time to greet his father, he was so pressed with social engagements. That boy is legion. The effect of this restless moving, unreposeful life, will be national neurasthenia. This predisposes to insanity in some of its forms.

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Males and females are being brought up with this degeneracy to become the fathers and mothers of an unborn nation. Its effect on the mentality of the people already is seen in the pale courses of our high schools, and in the fact that our colleges are deep in social things, and shallow in intellectual things, as well as Godly. Its effect on the moral character of the people is equally injurious. No one scarcely reads anything except the popular novel, which is only a sublimated newspaper story. The popular drama itself is only a newspaper story with paint and costumes and lights thrown in. The reader takes a position of mere passive receptivity, the continual effect of which is to paralyze the will power, and thus weaken morality.

I once knew an eminent neurologist who was treating a dipsomaniac. One of his prescriptions was that he had to lay down and abstain from reading popular fiction and from frequenting the play. The old tragedies scouraged the moral power into action; modern fiction and modern drama are narcotics to the will, as also the cigarette and excessive tobacco habits, and the curse of syphilis, and they are developing a tribe of maudlin weaklings. It predisposes all, both great and small, into psychasthenia, even to panics that start in Wall street often begin in the morbid financial fears of overstrained brains.

Dr. Clarence Hughes says in the *Alienist and Neurologist*, the mind is interrupted in its reasonable quick action and produces insanoid; acts as though he was insane, but has not the disease of real insanity to excuse his actions. He hovers over the verge but does not pass into the real mental aberration. He does and says such odd, unreasonable and annoying things that his friends often wish he would pass into the genuine insanity, so that he might be properly and lawfully restrained, or that he might happily extinguish himself by suicide. Sometimes he does commit suicide, or become really insane. We then know where to place him.

From above causes we have another condition arising, viz., club suicides. Is this degeneracy or maina by suggestion? The Salvation Army has been appealed to to establish an anti-sucicide bureau in Vienna, and the public school teachers have instructions to impress upon the children the wickedness and cowardice of self-destruction. Again, statistics show that we are growing madder every year; insanity is stalking throughout the land, a hideous spectre, increasing in growth out of all proportion. Take any of the large cities that influence of the crowded city, with its never-ending struggle for life, is seen at its worst. With those who must work it is work and work always, with insufficient time for sleep and none for recreation. Within the last few years the daily strain for life has doubled itself; it's a life of increasing hurry; our energies are used up, and worry is the result. Worry is the disease of the age, says Dr. C. W. Salleby, an evolution. Life is not for work, but work is for life; life is for happiness, the higher the better. Must not multiply worry in the effort to success; worry causes a neurosis, the cell life is interfered with; insanity in some of its many phases is the result. Brain work, plus worry, will kill, if predisposed to tuberculosis of some of the vital organs, will result. Loss of sleep and worry will predispose to any abnormal condition, if the cell life of the brain is interfered with. Mental disease is soon to be the result. There is no such thing as overwork of the brain, if all the organs and the condition of the physical body are all harmonized and kept in a perfect condition of health. If from any cause we become disharmonized, degeneracy is the result. If any of the great functional organs become involved or the brain or any of the great nerve centers are affected, from degenerate causes, it is then classed under the definition and causes of insanity.

Another very peculiar form of neurosis or mania we will allude to in this place, the symptoms and spread of an extraordinary form of dancing mania, as is related by a correspondent who visited the seat of the epidemic in northwestern Asia Minor. The disease usually makes its appearance in the first days of May and lasts until the end of June. Four girls were caught by the disease in a small village, amid a crowd of women, with their legs and arms and bodies in twitching motion. Two of them were executing a slow dance, closely resembling

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the dance which they who are bitten by a tarantula are compelled to perform. A third was taking a series of terrifying headers on to the cement floor, that might have been expected to break her skull, though strange to say, when the fit was over she appeared without a scratch or a bruise. That all were suffering great distress was evident from their staring, anxious eyes and labored breathing. These girls are only mentioned as there are many attacked with the same disease. These girls were all temporarily cured by soothing suggestions followed up by doses of valerianate of zinc. The correspondent afterwards visited the little town of Yenisher, and saw women, girls and men seized with the dancing mania. Two girls were seen to climb a smooth alter screen, 17 feet high, and perform terrifying antics upon the top of it, uttering piercing shrieks, and at the same time three girls, a man and a small boy performed weird contortions in the nave. The correspondent, who is a London missionary, believes that it is a condition of insanity handed down by heredity from the revival of the weird epidemic that raged in Europe from 1374 to the beginning of the sixteenth century. He relates two cases he has watched of men bitten by the tarantula spiders. Both performed a strange galvanic dance, and both were cured by making them drunk and putting them in an oven with only their head outside. This appears to be a traditional remedy for the disease. Some of these patients are reported very dangerous while laboring under these paroxysms. No doubt this disease has become modified.

I believe the St. Vitus dance or chorea of the present day, and the convulsive disorders, sometimes seen in camp meetings in the United States, are probably of similar character to dancing mania. (See J. F. E. Hecker, Epidemics of the Middle Ages, English translation, 3rd Edition. 1859.) We have another class of persons, that are subject to extreme fits of temper, to such a degree as to lose control, or the power to control themselves. They do things contrary to their own interests, can't get along with anybody, not even their best friends, always nagging, finding fault, which is contrary to their natural condition. The reason is partially dethroned, the perceptive faculties are weakened, the will power is weakened, memory may be fair, the imagination is not correct, many think many false things, some that are true, and *vice versa*. Prejudice is a fixed fact, aroused by temper a fixed principle; no difference what evidence there is on the other side. Their actions are mostly automatic, an action without thought, as reason is swallowed up by false illusions. The chief faculties of the human mind are memory, imagination, speech, knowledge, conception and judgment, the last leading to the mind's highest attribute, constituting reason. Each one is a test to the soundness of the mind; taken as a whole or a part, will make the findings in any case of insanity or unsoundness of the mind. The will power, if equalized, must be the result of a perfect equalization of all the above forces; if any of the above forces are deficient, the will must be deficient; if the reason is sound, the will is sound; if the latter is sound, the faculties are equalized. The will is the ranking official of all in man. It is the commander-in-chief. In all cases of mind disease, we should look well to intestinal autointoxication. I see in a reprint from Dr. Carl W. Sawyer, of Marion, Ohio, some excellent ideas I have seen tried with excellent results. He speaks particularly of impacted colon. Every mental patient should undergo a thorough abdominal examination. A sickening sweet breath, more offensive than the bromide breath, nor with the tonsil and foul mouth breath; it is more like the acetone breath, only sweeter. He says again, we have been surprised at the tremendous amount of indican our mental patients pour out in their urine. The doctor's experience in other conditions are like my own in these respects. This colonic constipation must be relieved. High enemas is the only way to success in these cases. As the colon is mostly at fault our measures must be directed to that organ, as the maniac can be made to become quiet by emptying the lower bowel with water. A long tube should be used, from 9 to 12 inches; from one to two quarts should be used at once. Retain the injections for quite a while, at the same time massage the bowels thoroughly along the

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colon. Use this daily until the bowels are thoroughly cleaned out. Sometimes it may be necessary to put magnesium sulphate in the water. If any bleeding takes place, olive oil may be injected and left remaining till the next cleansing. This is only one item given in the many to relieve these brain-sick people.

110 N. 5th St., Richmond, Ind.

ANGIONEUROTIC EDEMA.

By Wm. M. Gregory, M.D.

Have any of the readers of the Summary had any experience with this peculiar ailment? It should be said perhaps that it is quite often called *giant urticaria,* and that its marking symptom is the occurrence of large edematous swellings, which may take place on any part of the body, but are not usually of long duration. In reading up what I could find on the disease some ten or twelve years ago, I was struck by the fact that no one seemed to know anything about the causation of the disease, all that was offered being plainly guesswork and conjecture. Shortly after that I was called to treat two cases of the trouble in young children which so plainly followed indigestion and fermentation of the contents of the stomach as to prove to me beyond a doubt that the disease was a toxemia. When the disease takes place in children it usually passes off quickly, but as the swellings are so large and their onset is so sudden the parents are usually greatly alarmed. Last May, however, a man from our neighboring village of Cleveland came to consult me about a case of this rare disease with a very different history. He was a married man with perfectly regular habits, 53 years of age, and a machinist by occupation. He gave me a history of having suffered twenty years from angioneurotic edema, not that he gave it that name, however, but as one of his arms was very much swollen at the time of his visit, the condition was easily recognizable. He described it as attacking any and all parts of the body, sometimes swelling out his face below the eyes to such an extent that he could not see for a number of days, then perhaps swelling out his lower lip until it was three or four inches thick, and occasionally varying the performance by swelling up an arm or a leg. What was different from the usual history of these cases, was the fact that he described these swellings as being invariably very painful. At the time of his first visit the left fore-arm was greatly swollen. At the time of the second, just a week from the first, the lower lip was carrying on the performance. His nutrition was in a most wretched condition, and he said that the sight, smell, or taste of food was absolutely loathsome to him, and that he had to resolutely force himself to take food enough to support life. He was constantly nauseated and often vomited up what food he did eat. Something about the appearance of his skin moved me to ask him the question, "Can you sweat?" He answeed, "No, as a regular thing my skin is perfectly dry, once in a long time I may sweat a very little, under my arms, and when I do, the smell of my perspiration is so horribly offensive as to render it impossible for any other person to remain near me." This answer and the long standing disturbance of the stomach convinced me that we had to do with a very marked case of toxæmia or auto-intoxication.

I proceeded to treat the case with the end in view of establishing thorough elimination as rapidly as possible, to do this I prescribed fluid extract of jaborandi, as I was out of the specific tincture, and also gave him natural sodium salicylate, and regular dosage of the gastro-hepatic pills of leptandrin, podophyllin, hydrastis, etc.

In about two weeks he informed me: "Doctor, I can sweat as freely as any one else now, but the smell of the first moisture that I perspired was something horrible." He also reported that the edematous swellings had about ceased to make their appearance, and that he was in every way greatly improved, but said that he had a sore, bruised feeling in the region of the stomach, which made me feel quite sure that he had a temporary metastasis of the edema from the outside of the body to the gastric mucosa. In a few days, however, this symptom passed away, and he reported himself as entirely free from the angioneurotic edema, and with perfectly normal

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digestion, and a most ferocious appetite. I did not see him again for about six months, until the other day, when he came out to have me treat him for an acute bronchitis, and reported himself as having remained free from his old enemy, and that he had been working all the time.

There seems to be practically no end to the kinds and varieties of damage and injury that the retention of systemic poisons may do to the human mechanism.

Berea, Ohio.

EARLY THEORIES.

By D. L. Field, M.D.

Some of the theories of disease, in early times, are interesting and remarkable, in the light of the recent-day knowledge of pathology. In the beginning of the second century. Araetus described diabetes; and although known at such an early period, few attempts were made to investigate its nature, until more modern times.

In 1660, Willis brought it more prominently before the profession. More than a century later, Cowley succeeded in isolating the sacchafine principle. Many theories as to its etiology and pathology have been presented, and accepted for a time; but scientific research has shaken or refuted them. Many distinguished physicians have earnestly and faithfully labored to enlighten the medical world on this obstruse subject; and yet we have nothing that can be clearly and satisfactorily defined. Some contend it is a kidney disease; others that the liver; the lungs; the stomach, and the nervous system,—all differing as to the cause of the disease. Perhaps that it has its origin in the nervous system has the greatest number advocating such etiology. Cullen, away back in 1785, said it was a neurosis.

Take another example: The father of medicine, in all his writings, never so much as mentioned the pancreas. Vesalius, in the 15th Century, said it was an "excretory duct of the spleen." Strange that Rokitansky claimed that the pancreas "May be entirely absent, in congenital umilical hernia." The pancreatic duct was called the "Canal of Wirsung," from its discovery in 1642.

Of the pancreatic secretion, but little was known, till the middle of the 19th Century. It was Claude Bernard who obtained pancreatic fluid from a dog. Myer was the first to determine the alkalinity of the fluid. And yet, we don't know enough about the pancreas! But as to diabetes again. I may not be orthodox; yet every one has a right to his opinions. I believe diabetes mellitus has its origin in the liver; while I think diabetes insipidus is purely of renal origin. It is the result of a disease of the renal organs. It is the result of the renal blood vessel. Therefore, we have the interruption of the filtering function,—or rather an overflow of pale urine, entirely free from albumen and sugar.

Take another: Disease of the suprarenal capsule. Before Addison's time, over fifty years ago, the disease was not known. He published his treatise, entitled "The Constitutional and Local Effects of Disease of the Supra-renal Capsule." For a long time after, there was a general credulity among medical men as to the existence of such a disease. He gave no remedy to cure it; and none has been found yet.

The theories as to the cause of fever are interesting. Van Halmont taught, that life in man is connected with a sort of personal spirit,—"Archeus,"—who from his seat in the epigastrium, presides over the functions of the body. Disease arises whenever this "archeus" goes wrong, whether causes are external or internal. Silvius and Willis supposed the cause of disease was a fermentation of the fluids of the body. Sydenham regarded disease as caused by commotions or changes in the fluids of the body. Boerhaave, that disease was due to acridity of humors acting on vital tissues. Hoffman, excessive or defective contraction of vital tissues. Stahl attributed disease to the "soul or spirit." Brown, that life is the result of stimuli, warmth and food. Sthenic diseases were caused by excessive, and asthenic by defective excitement. Broussais said that to live was nothing but excitement,—the sum total of excitability is always the same,—augmentation in one part being balanced by di-

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minution elsewhere. Rasori considered "undue irritation as the cause of most diseases." Hahnemann held that "a Spiritual power,—the vital force, animates the human body;" also, that "disease consists in a diversion of the automatic vital force into an abnormal direction."

With the discovery of the cell by Schwann, and the publication of "Virchow's Pathological Cellular Theory,"—explaining the morbid process, as a change in the cell, gave to medicine the foundation for an exact science. He said the cell was the "seat of life";—the "fundamental unit of the organism." Also, that "the organization of the higher organism consists in the differentiation of cells," and the consequent "division of function." All the activities of life arise in the cell, operating according to the universal physical law,—the conservation of energy. These activities are not self-originative; but the result of external stimuli acting on the particular cells.

Herbert Spencer said: "Life is the continual adjustment of the internal to external conditions; and the essential process is metabolism."

From Hippocrates to Rush, the honest, candid men confessed the almost fatal consequences of the theories and practices of medicine up to the times of Rush. Even *he* exclaimed: "I am here insensibly to make an apology for the instability of the theories and practice of medicine; our failures are caused by ignorance of disease, and ignorance of a suitable remedy, and lack of efficacy of the remedy. What mischief have we done, under the belief in false facts, and false theories. We have assisted in multiplying diseases, we have done more, increased their mortality." (See his works, page 79.)

Still, the causes of some diseases are as much shrouded in mystery to-day as they were a hundred years ago! When the science of medicine can do great things by way of prevention of grave and fatal diseases, instead of expending all the skill in treating such ills, it will accomplish wonderful results for the good of humanity. The coming age must witness more investigation and research for the prevention of disease. It is a fact that the great mass of medical men to-day are not students; don't read text-books, nor do half of them read current literature. They neither enrich science or know what's going on.

Jeffersonville, Ind.

QUALIFICATIONS FOR PARENTHOOD.

By G. Henri Bogart, M.D.

Now, in the "glad Christmas time," when all the Christian world pays homage to the birth of the Child—Him who said "Suffer little children to come", Him whose "Inasmuch as ye have done it unto the least of these," was so new a thought, is time for us to pause and think of parenthood.

When the little children come, shall they come into a world of joy and well being, equipped with the fullness of a life pulsing with possibilities, or shall they come predamned by parental woe?

Shall the child come desired, loved from conception, its holy time in utero sweetened by love's holy bond and by a physical fitness, or shall its innocent formation be cursed by hatred, as an unavoidable by-product of unrestrained animal amorousness?

Shall it come heralded as the accidental fruit of ignorant swinishness, or shall it come as the hallowed product of intelligent love?

You may tell me that I am intruding upon the "Holy of holies"; that my feet profane the most sacred relation of life.

I answer that every man and every woman have entered the priesthood of life when they have joined in that sacrament whose fruition is paternity.

When I say a sexual union that does not contemplate parenthood is bestial, I have slandered the beasts, for beasts do not descend to a level of legalized prostitution for mere physical gratification.

The priests of any cult were taught the sacred mysteries lest they profane and desecrate the holy altar of the faith.

There is no priesthood more sacred than that which brings a new soul as its offspring; there is no shrine higher than that wherein the disciples offer their own bodies as the sacrifice.

And yet, prudery stands with frowning face and bids us pause. Prudery is the

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grovelling superstition of to-day, filling the same place to-day in the uplift of life that she did when she drove haunting ghosts and demons and fetishes to the foreground of the altars of belief.

We inveigh bitterly against that mother whose daughter is allowed to marry until she can cook and bake and market, to be a good house-wife, to minister to the selfish food hunger whose only purpose is to maintain the individual, and with the same breath we execrate that one who would teach her the true significance of the other hunger, whose gratification gives new life to the world, and most of all to her who shall mother that new life.

We expend much time and effort to teach her music, that she may add gladness to those whom social intercourse brings within her circle, and we ostracize him who would teach her so that when rose petal lips shall babble the wondrous secrets of a childhood to the hungering ear of motherhood, those innocent tones shall be tuned to the unison of love's best preparation.

We teach her to dress and to courtesy, that she may the better fill the amenities of daily life and then allow her highest, holiest function which we glorify with song and story and art as wifehood and motherhood, to bring an ill-born child to fill life's song with discords.

We take the boy who is to be her mate, and devote years of his young life, at all kinds of willing sacrifice, of wealth and labor, that he may meet his fellows on the plane of intelligent manhood on all the material matters of life's associations, and send him to his bride in utter ignorance of that most intimate relation known to the race; indeed we have allowed him to garner a training false as hell's self, from the slums and from the filthiness of the same falsehood that has inculcated the double sexual standard.

We send him to the hymneal altar as its high priest, with all the gross savagery of the primal cave man, accentuated by the teachings of a cryptic baseness of the one debauchery of civilization.

And from all this abyss of ignorance and falsity we expect a progeny that shall grow and progress.

We profess to wonder at the ever growing torrent of degeneracy, insanity and disease that is pouring athwart the race.

What is conceived in corruption must be corrupt.

No fountain can flow higher than its source.

Our society, with its accepted plan of sowing wild oats as its only training school for the boy, not only adds the beastiality of the atavism of savagery in full sway, to the union of sex, but in far too many cases sends him unguided to the rite of parenthood, wounded unto mortal death, bankrupt in power, and poisoned with that to which the virus of asps were mercy, and yet we permit ourselves to wonder at degredation!

"Inasmuch as ye have done it unto the least of these," and yet we permit, nay we enforce the curse of ignorance upon these innocent pledges of creative instinct to be cursed in conception and damned ere birth.

The preparation for parenthood is in a full knowledge, and an adequate conception of that grand principle of the Greeks, "Know thyself."

We, the social whole, have done this unto the least of these when we set up that horrible barrier of reserve and ignorance that sends the future parent all blind and helpless to the altar.

The qualifications of parenthood most needed is a knowledge of what sex means, a conception of sexual beauty and purity, and an ideal of its joyous fruition in the welcome addition of a new soul to the realm of humanity.

That knowledge will be the best safeguard of purity and continence, and yet, blind leaders of the blind, so many, oh, so many are clamoring for the perpetuation of this devlish reign of ignorance.

The one thing needful is a growth of the great mass mind of humanity that shall know that education is necessary not only to the uplift of the race, but even to its preservation. The best qualification for parenthood is, to paraphraze Emerson, with the grandparent of the future child of purity and intelligence.

Paris, Ill.

Now is the time to write your notes for The SUMMARY.

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THE PRACTICAL APPLICATION OF ELECTRICITY AS A THERAPEUTIC AGENT. ELECTRIC BATHS, CATAPHORESIS.

By J. R. Etter, M.D.

EDITORIAL NOTE.—This is the ninth of Dr. Etter's series of short, practical articles. Each article complete in itself, the entire series when complete, will form a regular *vade-mecum* on "The Practical Application of Electricity as a Therapeutic Agent." No practitioner can afford to miss a single number of "The Summary" containing this series, which will probably be continued through the present year, and will give the technique of application minus the theory.

I have had an extensive experience in the use of electric baths, and deem it one of the most potent remedies in a large class of cases, of anything I have used in the electrical field. I mean from this that there is a class of cases that can be reached quickly and successfully with an electric bath, that is almost impossible to be reached in any other way.

In the electric bath that I have used, I use the sinusoidal current exclusively, and will give a short description of the manner in which I use the bath so that, in other portions of this series where the electric bath might be mentioned, the reader will understand what I mean. Any ordinary porcelain, or porcelain-lined, bath-tub can be used; or even a steel or iron tub can be coated on the inside with an insulating paint that answers all purposes. In my bath apparatus there is no permanent attachment whatever to the tub, so that the physician would not have to purchase a special tub from the manufacturer of electrical appliances; and in sanitariums where large numbers of tubs are used, the electric bath can be given easily and readily in any tub in the institution, as the machine that I use for generating the current is perfectly portable and can be easily moved from room to room or from floor to floor in hospitals or sanitariums.

I use the sinusoidal machine described before, which, in the case of electric baths, requires about twenty cells of battery, which may be enclosed in a case about twelve by fourteen inches square. On the lid or top of this case the switch-board is placed, which consists of the sinusoidal machine and a circle of battery buttons, so that a cell at a time may be turned on as desired; also a rheostat may be placed in the circuit, but I have not found it of great use in my work, as the resistance of the water acts as a suitable rheostat, and the turning on of a single cell does not shock the patient. The electrodes used are made of thin copper plates about ten by twelve inches square, which are covered with rubber; insulation wires are attached to them, that are connected to the binding-posts or switch-board of the bath machine. These electrodes are then hung in the bath-tub, one at each end of the tub—if it is desired, they may hang on each side of the bath-tub, at least where the main disease would be in the shoulders or hips, and it is desired to drive the stronger current directly through those parts.

The patient should be placed in the water before any current is turned on, and then gradually turn the current on until it is as strong as the patient can conveniently bear it, and no shock will occur. With this current the tub of water can be thoroughly charged with electricity, as we get not only high tension, but we also get quantity of electricity given off by the number of cells we have turned on; so it is unnecessary to have stationary electrodes arranged to connect the body of the patient, which is done in most of the so-called "electric baths"—in fact, a current strong enough to charge the tub of water would be so very strong at the electrode that the patient must be protected from contact with the copper plate of the electrode. As this current has a certain absorptive action, the water of the bath might be medicated with any substance suitable for the case in hand. I generally, in giving electric baths, add a small quantity of salt to the bath, to make the water more conducive to the current, but care should be taken that too much salt should not be used, as it makes too near a direct current through the water.

Of all the diseases that I have treated with the electic bath, rheumatism has yielded the most readily. I mean by that, those cases of long standing where all remedies and modes of treatment had failed and where the joints had become stiffened from the disease. I have had almost universal success in remedying the distorted joints, relieving the pain and restoring the pa-

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tient to health. An electric bath, like all other electric treatments, or, I might say, medicines, should be given often enough that the remedial effect of one treatment is not lost before the second treatment is given. The water in the bath may be hot or cold, as the practitioner desires, or as he would use in a similar case outside of the electricity. In rheumatic cases, I always use hot baths, having the water as hot as the patient can stand it, and then, after the current is turned on to the degree that the patient will bear it readily, I use massage under the water on the parts affected. I use motion of the joints, to the extent that it can be done, at each sitting, and, by this mode of treatment the disease will readily yield and the patient on coming out of the first bath, even, will be able to use the diseased joints more freely, and be able to move the painful parts of the body with greater ease. These baths should be given at least once every day, and much better and quicker results can be obtained if they are used oftener. Of course, where the baths could be used more than once a day, and the patient was extremely weak, it would not be advisable to use more than one *hot* bath during the day, the other baths might be tepid only. The electric bath gives greater relief in spinal irritation and in torpid conditions of the secretions generally—in fact, in all cases where a bath would be used in any diseased condition, the addition of the electricity to the water will make it much more effective.

CATAPHORESIS.—A simple definition of "cataphoresis," and one that may be readily understood by the reader, is, the process of taking from one electrode any material and carrying it to the other electrode or pole. You have to take from one pole before you have anything to transmit to the other: that is, one pole of the battery will send out an impulse—a current—a wave, or whatever you call it, to the other pole, so that the sending pole will distribute the medicaments through the tissues. In all cases of cataphoresis, the steady galvanic current should be used, and while we get the effect of medicines used on the transmitting pole, we also get the electrolytic effect of the current. It is always necessary to have the electrodes so placed that the diseased part is in direct line, or as nearly so as possible, as the major part of the current will go on a straight line from one electrode to the other. If this is kept in mind by the operator, he will have but little trouble to know where to place his electrodes. It is a well-known fact that the positive pole of a battery will become decomposed and transmitted toward the negative pole, so that we can often get beneficial results by the use of copper, mercury, or other metals indicated, an instance of which might be mentioned in chronic endometritis where what is known as "copper cataphoresis" is of great benefit, the negative or indifferent pole being placed either on the abdomen or on the back, and a plain copper electrode, insulated to near the tip, passed into the uterus, moving it over the surface of the endometrium. Thus we get the cauterizing effect of copper from the minute particles that are given off in the cavity of the uterus. This same form of treatment can be used to great advantage in all forms of chronic ulcers, as we get, in addition to the copper caustic, the caustic effect of the positive pole.

Crawfordsville, Ind.

PNEUMONIA—ITS TREATMENT.

BY M. L. DALTON, M.D.

Ex-President of "The South-West Virginia Medical Society," &c.

I will not go into the cause, symptoms, or diagnosis of this disease, except to say that it is an acute infectious disease, caused by the diplococcus pneumonia. Cold is said to be the predisposing cause, but is not so important, in my experience, as once supposed. It is quite common to have epidemics of pneumonia, and very often we have more than one case developing in a family at the same time. In the winter of 1909-10 I had six cases in bed at the same time in a family of seven children, only one escaping with the parents. People with bad hygienic surroundings are more liable to the disease. I consider it only slightly infectious, then only so with prolonged exposure and in closed, ill-ventilated rooms.

Treatment:—I cannot give you anything

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new, but will emphasize a few points that no doubt you are already familiar with. First of all, is to put the patient to bed in a large, well ventilated room, well lighted, quiet. Select, preferably, a member of the family as a nurse, if no trained nurse is available, give your directions and see that they are carried out. I have no routine treatment, but treat each case on its own merits. I begin on the initial dose of calomel, if a small child, 1-10 grain every hour until bowels move freely, followed by oil or saline. If the child is older, full blooded, strong, or an adult, I give from 5 to 30 grains of calomel, followed by saline, and often the next day by oil, to entirely empty the intestinal canal of undigested food; if fever is not lower I often repeat about the second day, and have never seen anything but the best results follow.

Diet:—If patient is strong, well nourished and does not desire food, I do not insist on his taking much for first day or so, as I believe nature will call for it when the system can take care of it. I give the usual foods in this disease as in most other acute troubles, butter milk, soft cooked eggs, albumen water suitably flavored, animal broths, fruit juices, etc. I do not, as a rule, give sweet milk, as it will disagree with a large number of patients, by passing undigested and cause tympany. I encourage the patient to drink plenty of water, give them all they want if they thirst, and if not insist on them taking it anyway. Lemonade will be taken often when water will be refused; give it, but do not make it very sweet. Keep mouth in hygienic condition by frequent cleansing with some good antiseptic.

Ventilation, as said in the beginning, should be perfect. Have a large, well ventilated room; have the air in the room as pure as it is on the outside, and I had rather have patient in draft than in a close room.

The next thing to look after is the temperature. This is not of so much importance, as the fever is of so short duration that a reasonable fever need not alarm you, but I try to keep the patients comfortable as possible by using ice to head and lung or bowels, and by cold or tepid baths, owing to condition of patient. If ice is applied to the lung use it only in early stages, as this is the stage in which it will do most good. Do not use it later, as you want the blood there to help absorption, but if temperature is high use it on the bowels. Do not be afraid the patient will take cold if the temperature is as much as 102½° F., but keep him comfortable, and remember that what is not good for a well man is worse for a sick one. Change bed linen and clothes every day if necessary. Do not try to reduce temperature by diaphoretics, large doses of quinine, or coal tar products; all these do it at the expense of the heart and weaken the resisting powers. I have seen such treatment apparently do good in the beginning of a fever that you thought would be pneumonia and cause us to think we had aborted pneumonia, but what have you to go by that it would have ever been? I often give such treatment as diaphoretics in plethoric subjects in the beginning, but never if I am satisfied that I have a true pneumonia to deal with, and never keep this up longer than 24 hours, as it will do no good and may do much harm. Pneumonia is a self-limited disease, and will run its course in four to nine days; therefore try and maintain the strength.

Pneumonia is like unto a horse running away, the physician the driver, whose duty is to keep him from running into some obstruction and he will soon stop, and all will be well unless he drops dead from exhaustion.

Internal Treatment:—I do not give very much medicine in pneumonia, never give a drug in any disease unless you have a good indication for it, for medicine is a foreign body in the stomach unless it is indicated; watch the heart and give strichnine as soon as indicated; begin on small dose and increase if the indications increase.

I have a few times given digitalin, and but few times, as strychnine will usually answer the purpose if begun early enough. I have seen a few doses of nitroglycerin do good when the features were congested, lips purple, high arterial tention, by equalizing the circulation.

Whiskey I rarely resort to, unless the patient is intemperate in his habits. Aromatic spirits of ammonia is better, if a quick diffusive stimulant is needed. In small children I usually give tr. nux vom-

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ica; the dose is more easily regulated and it keeps the stomach and bowels in good tone.

If cough is harsh and irritable small doses of fluid extract of ipecac, squills and sweet spirits of nitre will do good, and as you have to give something I usually give this mixture. Dover's powder will also quiet the cough if it is painful. I use water and a little glycerin as a base. Do not use syrups as a vehicle as they derange the stomach, causing fermentation and gas formation and in children often lead to that condition that is called typhoid pneumonia.

Do not give morphine, as it is a dangerous drug in pneumonia, especially in the aged. If lungs are slow in clearing up and sputum is thick and tenacious, use muriate of ammonia, carbonate of ammonia, potassium iodide in small doses; if nervous you may add ammonium bromide. But I do not like to give these preparations as they are hard on the digestive system and had better be avoided if possible.

A great many physicians still adhere to the idea of giving quinine; I have never seen it do any good except possibly in the first 24 hours, and then only in severe colds that you think will be pneumonia and as a rule are "aborted" and never reach the stage of a true pneumonia. I never give them after pneumonia is diagnosed.

Local Treatment:—The cotton jacket is used by many in young children. I have often used it but can not say that I have ever seen it do any good, besides it is hot and cumbersome, causing the child to be restless, and I believe it is better to leave it off and keep the child comfortable.

Antiphlogistine may do some good, and I use it in small children to keep the mother from bathing the child with less agreeable things as turpentine, etc. An ointment of menthol, thymol, camphor and eucalyptol may be used to satisfy the patient or family. I have also used mustard, and application of iodine with varying success.

Blistering the lungs with fly blisters may be wrong from a scientific standpoint, but in practice I find it to be an excellent remedy. If vou have never tried it do so and be convinced: apply them over the consolidated area in the early part of second stage or as soon as you are certain that you have a true pneumonia to deal with, put on a large blister 2 x 4 inches up to 3 or 4 x 7 inches. It relieves the pain and helps the difficult breathing; often the fever drops one or two degrees and resolution sets in early, often by the fourth day.

I do not blister young children under 10 years as a rule, unless resolution is late coming.

To recapitulate; thoroughly cleanse the bowels in the beginning with calomel, etc.; avoid unnecessary medication, apply blister early over the consolidated area.

Floyd, Va.

CASES IN ILLUSTRATION OF THE EFFICACY OF BLISTERS.

J. R. Borland, M.D.

Case 1.—Some years ago, I was called three miles in the country, to visit a sick child. At 7 P.M. I arrived at the place and found a little girl, 3½ years of age, laboring for breath, lips livid and nails blue. Upon a hasty but careful examination, found complete engorgement of the right lung, not a mite of air entering it. Death seemed dangerously near. No medicine I could think of, to give immediate relief. I said to the parents: "There is but one thing to do that offers any hope. That is, to apply a blister over that side." The father said, "Do what you think best." The blister was applied and directions given as to its treatment, and I prepared some emetic powder, to be given in small doses, and promised to return early next morning.

The next morning I had my driver take me out. When in sight of the house a cold shudder ran over me, for I expected to find a dead child. You, my friends, "who have been there," can enter into my feelings. I found the child resting easily in its mother's lap, lips and nails had assumed their normal hue, respiration almost natural. The blister had done its intended work. What a change in twelve hours! No expectoration followed, and in three or four days the child was well.

Case 2.—Mr. M., aged 86 years, was taken with la grippe. After three or four days slight cough ensued, with expectora-

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tion of a little glairy mucus and slight pain in the right side, temperature but little elevated, pulse slightly accelerated. Upon percussion and auscultation, found the right lung congested. I applied a blister 3½ x 4 inches, which relieved the trouble in twelve hours. A very little expectoration followed, consisting of mucus. He made a good recovery. Although he had been blind for ten years and desired to die, he lived six years longer.

Case 3.—Six years ago was called to a distant town to see the wife of a friend. Met the attending physician, who said her sickness commenced three weeks previous, with symptoms of la grippe. I examined the case carefully, after which the doctor described the treatment. I said, "Doctor, you have here complete engorgement of the left lung. No air can enter it. Your treatment is all right as far as it goes, but I would apply a blister over that lung." He assented at once, and the blister was applied, without any other change of treatment. As the case presented a serious aspect, I was requested to make another visit in five days, which I did, to find that the blister had done good work, and the air entering about half way down the lung. I advised the doctor to apply the second blister, after the part had healed, but fearing, perhaps, that the honors in the case might be awarded me, he compromised the matter by dry cupping. He would have done as much good by whistling in a rat-hole. She slowly recovered her wonted health.

Case 4.—Mrs. B., in October, 1898, came from Ohio to Franklin, with her son, aged 9 years, to visit her mother. The boy had been sick for several months previous with, what the doctor said was gastro-intestinal trouble, and was quite ill. Upon arriving at Franklin, a homeopath was called, and after four days attendance, there being no improvement in evidence, I was called and asked to take the case. I found the left lung completely engorged and impervious to the entrance of air, a little fever and rise of temperature, with a harrassing cough, but no expectoration. The doctor whom I had displaced called the trouble pneumonia. The chest on the left side was bulged very prominently.

I applied quite a large blister over that side, which did well, and by the next day I could notice a decided improvement in the respiration. In ten days air seemed to enter all parts of the lung. The medical treatment consisted in the use of aconite, belladonna and bryonia, and small doses of emetic powder. In three weeks the boy was well.

Case 5.—Ten years ago, was called to see a young man 15 years of age, who, two years previous, had what a homeopath called pleuro-pneumonia. He recovered from the acute attack, but did not regain his wonted flesh and strength. The doctor tinkered at him during the intervening time, then finally told the father that he could do nothing more for the boy, and advised that he be sent to the sanitarium, at Kane, Pa. This alarmed the parents, and the father came to see me. I said, "I will meet your doctor, if you desire." He said, "What's the use? You come and see him."

The family had been former patrons of mine, but had drifted to homeopathy. I had borned this boy, and felt somewhat diffident in taking the case. I went and made a careful examination. The right lung was completely engorged, not a particle of air entered it. Temperature slightly elevated, pulse feeble and slightly accelerated, respirations 28, appetite impaired. I said, "The first thing I would do would be to apply a blister over that side. Without it, other treatment is useless. See the doctor, tell him what I propose to do, and to meet me here, if he desires." He saw the doctor, told him what I said. He said the blister would be bad treatment, and advised that he call Dr. N., an allopath, to see the boy. The father came and told me this. I said, "I have not taken the case. You have Dr. N. examine him, write out his diagnosis, and you bring it to me." Dr. N. made a careful examination, said blistering would do no good.

Two days thus passed, when the father and his sister (one of my loyal patrons) came to my office, and urged me to take the case. I had said, when I examined the boy that if there was no tuberculosis he would get well. Dr. N.'s diagnosis was "chronic pneumonia." My diagnosis was "hepatization of the left lung, and pleuritic

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effusion." Of the last I could not feel assured.

I applied the blister, which did finely, a free discharge of serum resulted, and in four days I could distinguish air entering the upper part of the lung, respiration slower. In two weeks, I applied the second blister, which resulted in producing another free discharge of serum. I watched the case from day to day, and could notice the lung gradually clearing, air reaching farther and farther down.

During this time there was a slight cough with a little expectoration of mucus. The internal remedies consisted of aconite, bryonia and ipecac.

About six weeks after commencing treatment, the lung was entirely cleared up. Upon auscultation, I noticed that during inspiration, the lung flopped against the chest with a very perceptible jar or thud. I was satisfied as to the cause of this and concluded I would have Dr. N. see him again. He was much surprised at the change for the better. When he was auscultating the lung, I told the young man to draw a full breath, and said, "Dr., do you notice anything peculiar?" He replied, "No, except that the air seems to enter all parts of the lung." I said, "Listen again, and you will hear the lung flop against the chest, with a jar." "Yes," he said, "I hear it distinctly." I said, "How do you account for it?" He said, "I hardly know." I said, "I can, and you will agree with me. There was effusion in the chest, which has been removed, leaving a vacancy, and the lung has not regained its expansive action so as to fill it. This will require time." The doctor did not answer. In fact, he seemed dumb-founded.

I asked the doctor to prescribe, and his prescription was: Syr. hypophosphites before meals, and elix. lactopeptine after meals, which he took for three weeks, then I put him on a vegetable tonic, which he took for three months. In the meantime I had him use Borger's breathing exercise, several times a day, and gymnastics, to develop the lungs and chest. He attended school all last winter, and is now perfectly well. There is yet a slight depression of that side of the chest, but by continuing the breathing and gymnastic exercises, I expect it to be entirely removed.

I could cite many more cases of pneumonia in which blisters were instrumental in saving life.

Franklin, Pa.

SPLINTS IN GENERAL PRACTICE.

CLIFFORD C. PARRISH, M.D

The three years that I have been in the West I have many times been surprised at the large percentage of physicians that fail to take advantage of the use of splints in the treatment of many conditions that this line of treatment seems so clearly indicated in. I have had cases of old sores and ulcers that had gone from one doctor to another without results, and a simple splint with the view of getting absolute rest was all that was required to obtain a cure. In cases of infection of the limbs where there is pus and extraordinary swelling the limb will surprise one with quick results if a splint is put on just as though it were a fracture. Of course the pus must be evacuated first, but the splint will localize the infection and greatly assist in the cure.

In pneumonia, the splint is a great help in the form of adhesive strips applied tightly around the chest as far down as the last floating ribs. I also lock the bowels with opium, which also keeps the patient quiet and easy, and therefore assists in localizing the infection, as absolute rest is required to do that.

This is not as new an idea as my theory on the etiology and cure of pellagra, as I was getting good results from splints in my practice in Baltimore several years ago.

Being a believer in short papers, I trust that I have said enough to be of some assistance to the readers of The SUMMARY, which I think is especially helpful to the general practitioner.

Dexter, Texas.

The presence of shreds in the urine is a presumptive evidence more useful to the physician who seeks the etiology of a monarticular inflammation than is the denial by the patient that he has had gonorrhea.

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Medical Gleanings

Under this head we endeavor to present a Condensed Summary of Practical Medicine, drawn from the best and most reliable sources, thus saving our readers much labor in winnowing out from the chaff, medical grains of real value.

IMPACTED COLON.

Prof. Da Costa directed, in a case of impacted colon of one week's duration, that an injection should be used, of turpentine ʒss, beat up with the white of an egg and mixed with a pint of hot water, to be followed by simple hot water and salt. In case this treatment failed, warm sweet oil was to be used. Internally was given:—

℞ Magnesii sulph.....ʒj.
Acid. sulphurici dil.....gtt. ij.
Elixir simp.,
Aquæ .....āā ʒss.

M. Sig.—To be given every half hour.

At the next clinic the patient returned well, the cure having been accomplished by the injections of sweet oil and a pill of aloes, belladonna and colocynth, on the third day of the treatment.

X-RAY THERAPY.

Homer E. Smith has found that x-ray therapy is practically a specific in many chronic and inflammatory diseases of the skin. Ninety-eight per cent. of all malignant and semi-malignant growths are cured by it. It is sometimes curative in the deep-seated sarcomatous or carcinomatous growths. It is the handmaid of surgery and should be used before and after operation, as it is always palliative and relieves pain. It induces constructive metabolism and restores health in many systemic conditions. Through its use blood pressure is lowered, the pulse rate slowed, and the cellular elements of the blood are modified for good. With it we may induce stimulation, sedation, inhibition, or destruction of cellular activity. There is, however, with it a constant element of danger, which should limit its use to those who are masters of the technique of x-ray therapy.—*Med. Record.*

URTICARIA.

The internal treatment of urticaria, Dr. Hardaway says, consists in the administration of 5 or 10 grains each of a powder containing subcarbonate of bismuth and carbonate of magnesium every three or four hours, coupled with the liberal drinking of Vichy water, which should be fortified with a pinch of sodium bicarbonate on each occasion that the Vichy is drunk. The local application of menthol, carbolic acid, tar, etc., give at least temporary relief. When carbolic acid, or the tincture of mineral tar is used, it acts best when sprayed on with an atomizer.

℞ Phenolis (vel tinct. pisis mineralis) .....ʒij.
Glycerini .....ʒss.
Aquæ .....q.s ad ʒxvj.

M. Sig.—Mop on with a rag or use as a spray.

A prescription containing menthol, and carbolic acid added to zinc lotion (non-sprayable) is the following:

℞ Mentholis .....ʒi-ij.
Alcoholis .....q.s.
Phenolis .....♏ xx-xl.
Zinci oxidi .....ʒiv.
Pulv. calaminæ præp.....ʒiv.
Glycerini .....ʒij.
Liq. calcis.....ℨij.
Aquæ .....q.s. ad ℨviij.

M. Sig.—Mop on with rag.

McIntosh's cream is sometimes better borne than any form of lotion.

℞ Bismuth subnitratis.....ʒii.
Zinci oxidi .....ʒss.
Glycerini .....ʒiss.
Phenolis .....♏ xx-xxx.
Vaselini .....ℨi.

M. Sig.—Apply with finger or brush.

—*Jour. A. M. A.*

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TREATMENT OF HEMORRHOIDS.

Dr. C. H. Wilkinson, in the Texas *Medical Journal,* describes his experience with the injection method, which he has used in 55 cases, and states that, while this procedure is not applicable to all cases of hemorrhoids, it is superior to any other in simplicity, results obtained, comparative absence of pain, and freedom of exercise allowed the patient immediately after operation.

The patients, after suitable preliminary preparation, are placed preferably on the left side, with knees well flexed. If the tumor presents, a compress soaked in 2 per cent. phenol is applied to it and allowed to remain for two or three minutes. If the tumor is not in sight, and the patient cannot force it down, a rectal speculum should be introduced to bring it into view. In but few cases is it necessary to establish cocaine anesthesia. The solution used by the author for injection consists of equal parts of phenol, glycerin, and sterile water, and, of this, 2 to 4 minims are injected into the pile, according to its size. An ordinary hypodermic needle usually suffices, though a longer needle may be required to reach a tumor located high up. After the injection the tumor should be forced back above the sphincter muscle. The patient should rest in a reclining position for the next six hours, and abstain from straining and other physical exercise; otherwise, prolapse of an injected pile may occur and strangulation result. In this event the pile should be returned to its proper position as promptly as possible and compresses of lint steeped in hot water frequently applied.

The pain following the injection is slight and momentary, the acid itself being a local anesthetic.

EARACHE.

℞ Chloral hydrate.
Camphor,
Carbolic acid.....āā gr. xiiss.
Castor oil.....3iv.

Warm the mixture and put a few drops in the ear.

GYNECOLOGICAL HINTS.

Before making a physical examination of the patient the outer clothing and corset should be removed while she is in a sitting posture on the table. The heart and lungs should be first examined. She should be on her back with the knees flexed on the abdomen. All bands should be loosened and the abdomen thoroughly examined. This thorough examination of the chest and abdomen will in many instances determine whether or not an operation should be performed on the genital organs.

A highly padded table covered with a clean sheet is much better than an examining chair, and infinitely better than a bed for purposes of examination.

For an ordinary examination very few instruments are required. A medium sized bivalve speculum, a small and medium sized Sims' speculum, a Sims' depressor, and long dressing forceps are the instruments most frequently used. For a thorough exploration of the urethra, interior of the bladder and uterus, special instruments are required and only the expert will learn anything from their use.

It is very important to differentiate between a caruncle and a protrusion, or, more strictly speaking, a prolapse of the urethral mucosa from the meatus urinarius. In the former condition thorough anesthesia of the affected part with a 2 per cent. solution of cocain and the application of a fine ligature will bring about a cure. On the other hand, if this method of treatment were resorted to in a case of prolapse, the condition would be rendered worse. Delicate plastic surgery with the patient under general narcosis is necessary for its cure.

Vulvitis and vaginitis are almost invariably associated, and if the former is cured the latter will usually disappear.

In a few instances vulvitis is due to parasites, or other external irritants, and when the cause is removed the disease will vanish.—Dr. Ralph Waldo, in *Int. Jour. of Surgery.*

A rapidly growing tumor if sarcomatous will give a feeling to the finger tips like pressing against a broken egg shell.

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MEDICAL CHIPS OF PRACTICAL VALUE.

THE PROPORTIONATE DOSE FOR CHILDREN.—A good rule for proportioning the dose for children under twelve is: Divide the age plus 12 by the age, using the quotient as the denominator of a fraction whose numerator is 1. Thus: Child's age 3; 3+12÷3=5; proper dose, one-fifth of that for an adult.

Children require rather larger doses of cathartics, diuretics and diaphoretics, and smaller ones of narcotics, than those given in the preceding rule.

A saturated solution of potassium iodide contains 80 grs. to the dram or magnesium sulphate 45 grs. and of boracic acid 2½ grs. A solution of sodium phosphate contains 70 grs. to the dram can be made by adding 15 grs. of citric acid. (Temperature above 15° C., quality C. P.)

CONGESTIVE HEADACHE.—In the congestive headache, if the patient be flabby, neurasthenic, and lacking in general "tone," strychnine and ergot are indicated; if, on the contrary, the pulse is full and bounding, bromide and sedatives are the agents of choice.

choice. Hot mustard foot baths with ice to the base of the skull, are efficient aids in either case.

HEADACHE.—Deficient urinary or bowel excretion is one of the commonest of all causes of headache, yet we treat many patients for conditions in which we would not deem a diuretic or a laxative indicated, and these very cases complain of severe headache. A thorough flushing of the bowels seldom works to the detriment of any patient, and it is easy to ascertain if the total amount of the twenty-four hours' urine falls below the normal amount. If then, such deficiency be noted, include the necessary diuretic—potassium bicarbonate if the urine be acid, and ammonium benzoate if it be alkaline.

TINEA SYCOSIS.—In cases of tinea sycosis make a one per cent. solution of formalin in the distilled extract of witch hazel. It takes but two or three washings of this in cases of barber's itch to produce a cure and, if wet dressing be worn one night, one application is said to be sufficient in any case.—*Dr. Ellingwood.*

LITHIUM BENZOATE.—The indications for the administration of lithium benzoate are bad taste, fetid breath, and imperfect nutrition associated with continuous urinary irritation; lumbar uneasiness extending to the bladder; urine bearing mucus and earthy phosphates; perineum full and tense with frequent desire to micturate, the urine passing with difficulty.

SOME INCOMPATIBLES.

Do not prescribe alkaloids with alkalies or their carbonates, iodides, or with tannic or gallic acids.

Acids with alkalies or their salts, oxides, carbonates and hydrates.

Nitric acid with oils, sugar, glycerin, alcohol or sulphur.

Sulphuric with turpentine or solutions of silver, lead and calcium.

Phosphoric with solutions of metals and alkaloids.

Hydrochloric with solutions of lead and silver.

Tannic acid and tannates with iron and metallic salts generally, alkaloids and albumen.

Ammonium carbonate with syrup of squills, acids, alkaloidal and ferric salts.

Calomel with acids, chlorides, iodides, bromides, etc.

Chlorate of potassium with permanganate, chromic and nitric acids, do not triturate with sulphur or dry organic substances.

Potassium permanganate with anything except pure water.

Iodine and iodides with alkaloids or mineral acids.

Silver nitrate with creosote, ferric chloride and organic substances.

Spirits nitrous ether with antipyrine, iodides, tincture guaiac, mucilages and tantic or gallic acids.

Strong alcoholic solutions or tinctures, spirits of camphor, oils and residous tinctures with water, aqueous solutions or tinctures.

Localized blood poisoning yields rapidly when kept constantly wet with equal parts of Burrow's solution and lead and opium wash.

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Notes and Queries

For this Department we cordially invite Questions, Comments and Criticisms on all Topics of interest to the Physician in his daily work for relief of the sick, thus making the Summary a valuable medium of communication between the medical profession.

Correspondents will give their names and addresses, but initials will only be printed when desired.

The queries in this issue awaits the Answers which our intelligent readers may be pleased to contribute for publication in our next.

MEDICAL EDUCATION.

Editor Medical Summary:

If anyone had predicted fifty years ago, when a two-year medical course was in vogue, that the standard of medical education would have been advanced to its present status, both in preliminary education as well as in the regular medical course, his statements would have been ridiculed, or at least received with contempt as to their authenticity. During the past two years the standard has been advanced in a number of schools, so that we now note an almost feeling toward a preliminary educational standard equal to that recommended by the Committee on Education of the American Association, and with which we are doubtless all more or less familiar. An examination of the catalogues of a number of our schools shows plans formulated for a five-year medical course, and in several instances this is now in actual operation.

This additional year gives abundant opportunities for more thorough clinical work in the hospital wards, which is of the utmost importance to the student, and Dr. John B. Murphy, of Chicago, calls attention to this very fact in a recent address before the Medical Club of Philadelphiaa, in which he says:

"The preparation along technical lines is better than ever before, but we are overlooking clinical work and substituting that of the laboratory. For clinical purposes the tremendous advantages offered by the modern hospitals should be used, and students should be closer observers of patients during every phase of a disease."

The science of medicine is progressing proportionately with other sciences, and the future practitioners of our present generation may yet see another year tacked on, so that a man will reach near the thirty mark before he will be properly prepared to practice his profession.

Combine this fact with the average life of an individual, and it is apparent that the financial remuneration for our services should be increased if the actual cost of living continues to increase as it has in the past ten years.

This economic side of our profession will gradually adjust itself to the exigencies as they arise.

M. C. THRUSH, M.D.
3705 Spring Garden St., Philadelphia.

REMOVAL OF WARTS.

Editor Medical Summary:

On page 309, December issue of The SUMMARY, I see an article from Dr. L. R. Hammond, in which he advises the use of 40% of formaldehyde, or formalin, as it is sometimes called, for the removing of warts. The reading of this article prompts me to tell the profession of the method that I employ to remove warts, and as I have removed hundreds of them without a single failure, and no trace is left to indicate that there ever had been a wart. It is not a painful operation if the doctor is up to the use of his hypodermic. It is this: Thuja occidentallis, (made by Lloyd Bros.) fill your hypodermic syringe with the specific medicine, and inject the needle to the center of the wart before putting any pressure upon the piston, then withdraw the needle just slightly, and put on the pressure good and strong. Do this in at least two sides of the base of the wart, and wait one week and repeat. It is very seldom that the third operation becomes necessary.

Now, doctor, do this just as I tell you, and if you make a failure, it will be your fault and not the medicine, for I know whereof I speak. J. B. CURRY, M.D.

Austin, Ark.

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DO WE COMMENCE AT THE RIGHT END?

Editor Medical Summary:

Long ago, I promised to write a little article for THE SUMMARY, and now I will try to keep that promise.

If I desire to breed a trotting horse, I will look about and carefully select a mare. "A mare?" Yes *a* mare—not any mare—but a mare that has an ancestry that trots, a mare that has the trotting inheritance. A trotting conformation of the right sort of bone, temperament, muscled properly for a trotting strength, and that is of shape, substance, manner of movement, and all that will go to make a brood mare that will be right to mate with a trotting sire that has all the requirements necessary to recommend him to me as qualified to mate with my brood mare, that the issue may be a trotter.

The same sort of selection takes place if I want to breed hogs, cattle, sheep, chickens or any other kind of the animal kingdom. In fact, a few of the States have laws prohibiting the breeding of stock, unless up to a proper standard of the class to which they belong. All wise men who follow this business are careful in the selection of the parentage of the stock they desire to breed, and this is wise and right.

Is the propagation of our race less important than that of the other of the animal kingdom? Is a good man of less importance than a hog, a dog, a sheep, or a horse? And is it not a fact that there is absolutely no attention paid to the selection of the parentage of our kind?

You say, oh, it is different with the human family; here there is an affinity, a love that fixes the parentage. Is this true? If so, then why is there one divorce to every four marriages?

Surely the affinty soon weakens. Why then are the asylums filled to overflowing, the reform schools crowded with bad and "unbreakable colts",—bad children? Why does the human family send to drunkard's hell, and the grave, 750,000 of her offspring every year? Why are the penitentiaries crowded to the walls? Why the poor houses, the institutions of this sort filled to their full extent? Why the astounding number of murders and suicides, thefts and licentiousness? Why the deaths from consumption? There are institutions and cures, so-called cures (none have yet been devised, or will ever be devised, whereby true consumptives will ever be cured). For consumption, tuberculosis, and many other things in life that I am quite sure might be remedied by a very careful thought in our propagation.

To me it seems we are trying to meet and remedy the defects in mankind from the wrong end of the line; prevention is worth so much more than cure.

Let us look for a moment at the consumptive. There is a great deal of money being spent in the study for the cure of consumption, but it can never be cured, but could, in a very few generations be wiped from the face of the earth, if as much care was exercised in the propagation of the human family, as there is in the breeding of horses, pigs, etc.

There is just one remedy, and only one remedy, that will put consumption, drunkenness, and crime out of existence, and that is castration of the parent line affected.

What right has a man or woman infected with syphilis to beget children? None at all. There is one man in every five that has syphilis, never cured,—hid, but not cured, and is stamped on the children for four generations, and from the rank and file of children so bred to all age all consumptives come. Such should not be allowed to propagate, and the only safe way to avoid it is to "cure him."

Such a man or woman has no right to inflict the unborn with such tendency. The same is true in crime of all sort. Drunkenness, possibly, may not belong to this list in so far as desire is concerned, but in the matter of association and breeding of crime is concerned it will hold good.

Every man who has gonorrhea should be castrated. You say, why? Because 85% of the abdominal operations in women are due to the infliction from some "ovary"-caused disease, and no man so diseased has any right to endanger the life of your daughter or mine, nor her health.

We may talk all we please of disease, such as consumption and cancer, and crime, build all the institutions of reform we care to build, spend all the money we wish in discoveries of cures and reform, but the

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disease of consumption, cancer, crime and destitution will continue to increase until we "cure" all such characters, and thus stop such propagation, and stop a little and think, then use a little of the executive brain power that God has given us and strike all these things with the heavy sledge of "None but the pure in blood shall be allowed to propagate."

You say, you cannot do this; but it can be done, ought to be done, and by and by, to preserve the race, it will be done.

C. W. HEFFNER, M.D.

Bellefontaine, Ohio.

COUGHS AND COLDS.

Editor Medical Summary:

As this is the season for coughs and colds, I submit to your readers a few prescriptions which have been of great benefit to me:

For a common cold or coryza, if taken before it has gained too great headway, take 10 to 15 drops specific tincture gelsemium, best taken at bedtime. One dose is sufficient. You will find in the morning your cold is gone. Gelsemium is also one of the best remedies for intermittent neuralgia.

Another favorite prescription with which I have been very successful in coughs, colds, la grippe, etc., is the following:

℞ Quinine sulphate .....gr. xx.
Acetanilid .....gr. x.
Powdered camphor.....gr. x.
Powdered capsicum.....gr. x.
Dover's powder.....gr. xxx.
Ammonium chloride.....3j.

M. Make into 50 capsules.

Sig.—Take one every one or two hours.

Several years ago I copied the following prescription from a medical journal, which I find one of the best remedies for spasmodic cough:

℞ Chloral hydrate.....3ij.
Specific tinct. gelsemium.....3ij.
Syrup wild cherry.....℥iij.

M. Sig.—A teaspoonful every three hours.

Hoping these prescriptions may be as beneficial to the readers of The SUMMARY as they have been to me.

J. WM. TRABERT, M.D.

Lebanon, Pa.

ARTERIOSCLEROSIS.

Editor Medical Summary:

By your request, I send you a short article on what is called Arteriosclerosis, a disease which has been recognized by the profession for years, and which is the indirect cause of many deaths to-day, simply because it is not correctly understood or treated by the doctors, who have not given it careful study. It is a disease of the artery vein and nerve and affects the lymphatic system.

Lobstein, seventy-five years ago, called the attention of the profession to it. In more recent years Dr. Warfield, of St. Louis, has furnished the profession with a small volume of very pertinent thoughts and practical ideas. So has Dr. Lorand, and yet how few practitioners have made it a personal study? It has been very ably discussed in the Surgical Journal of the U. S. ex-Surgeons at their annual meetings. It is now regarded by them as one of the most frequent pensionable disabilities of the old ex-soldier.

It is a subacute and chronic disease of the arteries, characterized by thickening of the walls of the blood vessels, the initial lesion being in the middle or muscular coat, leading to, not infrequently, calcification and to the formation of minute aneurisms along the vessels. Almost without exception the capillaries are involved in the morbid process; even the veins are all so markedly thickened, which is a vascular sclerosis or angioneurosis. The whole vascular system, including the heart, is involved.

It was my pleasure to study this disease under the Senior Gross, Joseph Leidy, Agnew, Crosby, Sayre, Ridgeway, Wyeth, and Dr. T. H. Andrews in 1867 and 1871, and at the clinics of Stille, Pancoast and DaCosta, all the ablest men in their days, and the immortal Henry Smith. Several of these men were arteriosclerotics, and were conscious of the fact. We examined the eyes of the elder Dr. Gross with Dr. R. J. Levis, of the Wills Ophthalmic Hospital, and while the arcus senilis was very evident, it did not shorten his days, because he was temperate in all things.

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Since then I have given it close study and found it always pays well to make an autopsy of every case, to study its pathology closely and to treat the symptoms intelligently. Bear in mind, it is a disease of advanced age; it occurs among all classes, and it is possible to prolong the life of your patient by wise counsel and teaching them to avoid excesses of all kinds, such as violent exercise. Take off the tension of the arteries affected by rest, cheerfulness; keep the mind employed by change of pursuits. Some drugs will assist you, as the avena sativa; saturated solution of chlorate of potassium and aromatic spirits of ammonia. I treated one patient for thirty years with the potash solution. He died in his 96th year from a trauma. Any medicine that equalizes the general circulation will help your patient. Amyl nitrate judiciously used will relieve in many urgent cases by inhilation at long intervals. Don't alarm your patients, or allow some meddlesome nicompoop to interfere with your treatment. Care for your patient yourself, it pays to give them the closest attention. I have found the pain in an attack to be like that often in locomotor ataxia. Lightning pain felt at the base of the brain at juncture of cervical and dorsal vertebræ, or beneath the clavicles and along the great sympathetic. Make a clear differential diagnosis, don't confound or confuse it with lithæmic symptoms; don't mistake it for ossific aortic troubles. While ossification is often present, don't look for it in every case. Proper prophylaxis is very important in successful treatment. For God's sake don't ever expose your ignorance and stultify yourself by telling your patient you can do him or her no good by treatment. I abominate a fool in the profession or in the sick-room. Talk but little, but do something. Common sense in an uncommon degree is what is demanded in successful cases. I am proud of my record in these cases. I have always enjoyed the full confidence of my patients and I have prolonged their lives for years by advice and treatment.

The doctor who is a skeptic or misanthrope ought never to take such cases. He will always fail. Use the knife only where you can release tension or remove an obstructing spicula or enlarged gland.

The carotids, subscapular, cœliae axis, mesenteric, temporal, ciliary and the circle of Willis are the vessels most frequently involved. Passiflora incarnata is a useful medicine in many cases.

Not all of your patients can stand a cold bath, unless you prepare them by mild stimulation, tepid spongings, massage in the tub. Take your time and remove all ligatures, anything that prevents the free passage in the constricted tube. Keep in your mind's eye the condition of your patient at all times. Death from carelessness and over-officiousness is often the sad result. Too much meats; avoid, interdict pork and such like. Potassium iodide will often relieve the dyspnœa, etc. Blood pressure produces vertigo, which must be relieved, even sometimes by bleeding or cupping. Now don't get scared at this suggestion. I have saved several useful lives by it, and never lost one from it.

Be strong, be vigilant, be brave, encourage your patient by words of cheer. I have saved several by telling them they could not die if they tried to. You may expect and anticipate the envy and jealousy of the two by four-man, who has but little gray matter and never thinks for himself. Don't ask him to do what it is impossible for him to do—think.

We wish our profession could get rid of the vast host of routinists, who never think out the case themselves.

Well, sir, I have written enough. I refer those who wish to read up on this all-important subject to Erlander, Hirschfielder and others.

C. W. Watts, M.D.

President Board U. S. Examining Surgeons and Secretary-Treasurer Howard County Medical Association.

Fayette, Mo.

Hydrogen peroxide will remove fresh blood stains.

Remember that chorea may be due to adenoids, errors of refraction, enlarged tonsils, worms or hemorrhoids, as well as rheumatism.

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SECTARIAN MEDICINE.

Editor Medical Summary:

The day for sectarian medicine is past, and physicians are gradually losing their narrow and bigoted views, and assuming a wide range in the horizon of knowledge, and as a result are culling out the essential qualities of each school of medicine, and separating it from the chaff.

To show what has been attained, a number of our county medical societies of the regular school have thrown down the bars and now allow any reputable member of the homeopathic or eclectic schools to join their ranks.

This is a wise step forward, and it should have been done long ago, but sectarian feeling was the obstacle which has been at last overcome.

As a matter of fact, there are but few physicians to-day who are strictly practitioners of any one particular system of medicine without encroaching or drawing from some other systems, in the use of certain agents to cure disease; and an investigation in Pennsylvania a short time ago showed that there was less than a dozen homeopathic physicians in the whole State who did not employ some allopathic or eclectic remedies.

If party prejudice would be eliminated and the various schools would only work together and for each others' interest, there would be no friction and the results would be to the mutual benefit of all.

The only way to attain this end satisfactorily, is to have a single medical board in each State, containing representatives from each school, and a common requirement standard for all, the only difference being, in either omitting questions of therapeutics or giving suitable questions pertaining to each school in the examination for the licensure.

This would be a just and equitable arrangement, and the only true solution of the problem.

Where sectarian boards exist, some have a higher standard than others, so that it is a common thing for a student who is unable to pass the regular alopathic board to go up before the eclectic board and pass on a system that he has not studied. This has been done a number of times, and there is but one explanation, viz.: difference in standards.

There are forty-four (44) States at present that have one board bill in operation, and may the remainder soon fall in line.

M. C. THRUSH, M.D.
3705 Spring Garden St., Philadelphia.

DISCRIMINATION.

Editor Medical Summary:

The word discrimination has perhaps no more important usage than when applied to the practice of physicians, who, in addition to treating the sick at their office, also give advice and send necessary remedies to those living at a distance, and for many reasons. We have in the profession to-day, and I am sorry to be compelled to confess it, many who conduct such a practice not alone upon a thoroughly illegitimate basis, completely disregarding the patient further than to supply him or her with the advice or remedies for which the patient pays and with absolutely no intention of obtaining results, or giving the individual any treatment for his or her future welfare, and when we stop and think of what effect this sort of practice is going to have upon the future of the human race, we shudder at its possibilities, and rightly so.

The natural result of all this, and undoubtedly with good reason, has been that the whole profession, and with it the authorities, have regarded any doctor who advises and treats those living at a distance with suspicion, and as one who must be ostracized from the company of those fellow practitioners, who limit their practice to those at home. The narrow-minded physicians who lend themselves to the sale of some cure-all, those who give illegitimate advice, and all those who attempt to cure that which we all know is incurable by medicinal methods, deserve every bit of the treatment which they receive at the hands of their fellow practitioners and the laity, and should be decried from the housetops as charlatans.

Particularly is it important that steps be taken to prevent the guarantee treatment

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of those poor souls who are so seriously afflicted with tuberculosis and cancer as to be beyond the aid of any one of us, and spend their last penny upon that which is valueless.

I place before the reader in a few words, that which may already be known for serious thought. I make no plea; discrimination, is what is more important. It does absolutely not follow that because, Dr. J. Smith, for example, has patients in various parts of the world, who ask him for advice by letter, that said doctor must be classed with those men who only live for the income they derive from such a practice. Hundreds of physicians all over this country, do every day send medicine and advice, for such conditions as they fully understand can be treated by correspondence, and with good results. Undoubtedly much judgment is required, and if persons who suffer with surgical conditions are impressed with the importance of consulting good local surgeons, there can be no criticism of the doctor who makes a practice of treating those away from home. Discrimination.

Neither is it necessary to worry those having disease of the sexual organs. Good advice here means a great deal, and an unscientific lie, will sooner or later be discovered by a patient.

So I could continue to tell you just why it becomes absolutely necessary *not* to condemn hastily, but to first investigate carefully the physician you are about to criticize, and to recognize him as one who is at least endeavoring to give to those who come to him for aid that same careful consideration which each and every one who has devoted his life to medicine is anxious to give the afflicted.

Be it the profession at large or those few who constitute a medical association, or be it the laity and those who look after our welfare from a governmental standpoint, discrimination is the one necessity in judging a man.

JOSEPH LEBENSTIEN, M.D.
224 E. 50th Street, New York.

In superficial bleeding from wounds, leech bites, after extraction of teeth, etc., the topical application of beech-wood creosote is almost magical in results.

RANDOM NOTES ON PNEUMONIA.

Editor Medical Summary:

Because your patient complains of no pain in the chest is no reason he has not a pneumonia, and even a severe one.

I have known a patient having been sent to the hospital for an operation for appendicitis, when he only had a severe right pneumonia. A chill, usually a severe shake, followed by high fever, usually a severe aching in one or the other lung; the fever remaining up, a short, hacking cough, accelerated respiration, pulse 120, should enable us to make the diagnosis, even though dullness be absent (as may be the case in central pneumonia of limited area), even before the appearance of rusty sputum.

Instead of a hot poultice or bag of hot water, put an ice bag to the consolidated lung. You will be surprised how much relief it will afford, and how gratified the sufferer. Pull the bed out of the corner, and roll the head of it into the open window, and see how quickly the rate of respiration is reduced, and the general aspect of the sufferer is changed for the better. Do not be afraid of the cold air; it is the salvation of your case. Liquefy the exudate with ounce doses of liquor ammon. acetatis, and support the heart with 10 drops tincture digitalis every four hours. Do not whip the heart in the beginning of the case with strychnine, but hold that in reserve to use when the heart begins to fail, then do not hesitate to use it; use it until there is some dysphagia if necessary. It is a true cardiac whip and if used too early, it loses much of its capacity for good before the time of need arrives.

When crisis comes and the temperature drops to 97° F., or even 96°, give a hypodermic of 1-20 and repeat in half an hour if necessary. After this but little is needed except open air and good food.

H. R. COSTON, M.D.
417 First National Bank Bldg.,
Birmingham, Ala.

Medicines for direct action on stomach when it is empty those which are especially irritating, as bromides and iodides, give from one to two hours after meals, with plenty of diluent.

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Favorite Prescriptions

We invite practitioners to send us for this page, one or more of their favorite prescriptions. Only such as your personal experience has convinced you to be of practical use should be submitted.

Formulas plainly written on postal card is a convenient way for sending. Always give them in this order, please. 1. Name of disease. 2. The formula and directions. 3. Your name, town and State.

Reader, let us hear from you in time for the next issue of the Summary. It is our wish that the reader take a special interest in this department of the Summary.

WELL TRIED PRESCRIPTIONS.

Editor Medical Sumary:

FOR RINGWORM.

For ringworm, especially of the scalp, try:—

℞ Chrysophanic acid.....gr. xv.
Chloroform .....ʒss.

M. Sig.—Apply to site of disease every third or fourth day. Three applications will generally complete a cure.

WHOOPING COUGH.

We are in the midst of an epidemic of whooping cough, and the following has given us excellent results:

℞ Tinct. jaborandi .....ʒiss.
Spts. chloroform .....ʒij.
Ext. prun. virg. .....q.s. ad ʒviij.

M. Sig.—Teaspoonful four or five times per day. Also use equal parts of listerine, chloroform and oil of camphor by inhalation. Keep naso-pharynx clean.

If patient is very nervous and can not sleep, use Peacock's bromides at bed time. Also veronal or dionin are useful in quieting this class of patients.

HIVES.

For bold hives try:

℞ Fld. ext. jaborandi,
Elixir lac. pepsin .....āā ʒij.

M. Sig.—Teaspoonful in water every three hours. This is the most effective treatment for quick relief the writer has ever tried, but the patient must keep out of draughts and dampness while taking this remedy.

Do not forget that pilocarpin has a decided depressing influence upon the heart action. Always have the patient in the recumbent position when administering this remedy, and have a quick heart stimulant at hand. Atropine is better than most heart stimulants, because it is the physiological antidote.

DIARRHEA OF TYPHOID.

In diarrhea of typhoid give the following:

℞ Carbolic acid,
Soluble iodine(Burnham's).āā 3i.

M. Sig.—Four to five drops in plenty of water every three or four hours.

There are many new intestinal antiseptics, but the above will never be improved upon.

TO REMOVE BLACKHEADS.

For years we searched for a reliable remedy to soften and remove black heads. The following has come nearer filling the bill than any other:

℞ Kaolin .....ʒiv.
Glycerin .....ʒiij.
Acetic acid .....ʒij.
Ol. odorat., ad lib.

M. Sig.—Apply always on retiring and two or three times during the day when possible. After it has been applied thus for a day or two moisten a towel with the mixture and rub freely. If all are not removed apply as before and repeat rubbing.

ITCH.

Did you ever try tincture benzoin for itch? I have been in the midst of an epidemic for over a year. Patients come on foot, on horse back, in vehicles, some coming twenty miles out of the mountains to get treatment. I have had a chance to try various remedies, and in forming an opinion, tincture benzoin heads the list. Have the patient take a thorough wash with warm water and tar soap, rub brisk until skin is dry and red, then rub in the benzoin briskly. Repeat every night without the bath for three applications, wearing the same underclothing. Then wait a day or two, take a final bath and put on clean clothes; have bedding clean, and a cure is the result.

C. W. CANAN, M.D., B.S., Ph.D.
Orkney Springs, Va.

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New Books

All Books reviewed in this department, will be sent postpaid by the publisher of the Summary upon receipt of the price quoted.

SKIN GRAFTING, for Surgeons and General Practitioners. By Leonard Freeman, B.S., M.A., M.D., Professor of Surgery in the Medical Department of the University of Colorado, Surgeon to St. Joseph's Hospital, The National Jewish Hospital, and the City Hospital, Denver, Colorado. With 24 illustraitions. C. V. Mosby Company, Publishers, St. Louis, Mo. 1912. Price, net, $1.50.

This is an important little volume. The text is divided into twelve chapters, and contains 24 illustrations, which help to a considerable extent in illuminating the text. The little work presents a brief, condensed, resume of all that is best and most important for practical use on the subject of skin grafting, presented in such a plain and concise manner that it becomes a very important work for the general practitioner and none who are interested in the subject should fail to secure a copy, as it will form a very valuable addition to any physician's library, to be read and studied at leisure.

THE PRACTITIONER'S ENCYCLOPEDIA OF MEDICINE AND SURGERY IN ALL THEIR BRANCHES. Edited by J. Keogh Murphy, M.C. (Cantab.), F.R.C.S., Surgeon to Miller General Hospital for South-East London, Senior Assistant Surgeon to Paddington Green Children's Hospital. Oxford University Press, American Branch, 35 W. 32nd St., New York. 1912. Price, cloth, $7.00; leather, $8.00.

It certainly seems an ambitious undertaking for any one at this day to attempt to cover medicine and surgery in all their branches in one volume, but after a careful examination of the present, large, volume it appears that the author has not fallen far short of the goal.

Of course, there was a limit to space, and therefore it was simply an impossibility to include everything, and he may have omitted some things which others might have included, and included some things which others might have omitted, but, taking it as a whole, the work presents the cream, or most important matter of value to the practitioner.

All the topics are discussed in a succinct manner, and written by men eminent in the profession; for instance, Dr. Osler, now the Sir William Osler, contributes the articles on syphilis in its medical aspect, diseases of the arteries, of the limph vessels, and the glands of the liver and bile ducts; and, by the way, the book is dedicated to him.

Its classification is not just to our notion, but then any difficulty to handy reference is obviated by the very complete index.

SURGICAL OPERATIONS WITH LOCAL ANESTHESIA, by Arthur E. Hertzler, M.D., Surgeon to the Halstead Hospital, Halstead, Kas., and to the Swedish Hospital, Kansas City, Mo. Surgery Publishing Co., Publishers, 92 William St., New York. 1912. Price, cloth, $2.00.

The author states that the object in presenting this book to the profession was to furnish in a convenient form the technic of some of the commoner operations that can be done in a satisfactory manner under local anesthesia.

After a somewhat careful examination of its contents, we believe that the author has accomplished his object in a most admirable manner.

The text is profusely illustrated by one hundred and four excellent cuts which, to a considerable extent, simplify or make clearer to the mind of the reader the various operations, etc.

An admirable feature of this work is in having side or marginal heads printed in red, as this makes the book more convenient for quick reference. Many agents have been employed to produce local anesthesia, and this is evidence of the value of the method, but it is also a fact, beyond question, that the ideal local anesthetic has not yet been found, but it behooves the general

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practitioner to become acquainted with the best means at hand.

No other book, to our knowledge, will give you the information as this volume will, what anesthetics to employ, and explain the operation so clearly and succinctly. Therefore, we consider it an important addition to medical literature.

SECOND ANNUAL REPORT OF THE STATE CHARITIES COMMISSION to the Honorable Charles S. Deneen, Governor of Illinois. Illinois State Journal Co., State Printers, Springfield, Ill. 1912.

This is a closely printed volume of over 500 pages, and is the Report of the Executive Secretary of the State Charities Commission to the Commission, covering the work of the office during the year 1911.

The State of Illinois has assumed complete care of the blind child, the deaf child, the delinquent child, the feebleminded child, the soldier's orphan, the dependent child found in the almshouse.

For each of these classes the State has established institutions on an elaborate scale, to teach and instruct, and among the delinquent, also to reform.

This report covers everything in connection with these institutions in detail, and appears to be an excellent report of present conditions of these admirable institutions.

THE SCIENCE OF HYGIENE. A Text-Book of Laboratory Practice for Public Health Students, by Walter C. C. Pakes, D.P.H. (Camb.), F. I. C., Late Demonstrator of Sanitary Science and Bacteriologist to Guy's Hospital, etc., etc. New Edition Revised by A. T. Nankivell, M.D. (state medicine), B. S. Lond., D.P.H. (Camb.), etc., Demonstrator of Public Health, King's College, University of London. D. Van Nostrand Co., Publishers, 25 Park Place, New York City. 1912. Price, net, $1.75.

This book of about 170 pages is intended for the use of students preparing for a public health examination.

They will find this little book not only useful before, but following their examinations, should they happen to do laboratory work again.

The subject matter is presented in a simple and concise manner, with no unnecessary overlapping, and what the author has to say he says plainly and directly. All the practical laboratory work, apart from bacteriologistical methods required in the study of this special branch are included in this volume. Many additions have been made to the present edition, and considerable of the text has been entirely rewritten. The book contains numerous illustrations, about eighty in number, and altogether is a work that can be commended.

PATHFINDERS IN MEDICINE, by Victor Robinson, with a letter from Ernst Haeckel, and an introductin by Dr. Abraham Jacobi. Medical Review of Review, Publishers, 206 Broadway, New York. 1912. Price, cloth, $2.50.

This is a volume in a class by itself; our books devoted to the history of medicine are entirely too few, and those we have are not on as many shelves as they should be. As Dr. Jacobi says, they are shelved too soon. But the list has now been augmented by the addition of the present work, which presents the tales of fifteen men who were epoch makers, their names having become historical and immortal, in such a manner that it at once becomes fascinating, and the reader will not let up until he has read the volume through, from cover to cover. The tales of our medical forefathers have been told before, but never by such a brilliant pen. This book has been illustrated well, as the text deserves it.

Nothing that we could say would give the book a better recommendation than the following, which is taken from the introduction by the nestor of American Medicine, Dr. Abraham Jacobi:

"I deem it a privilege to have read these essays on Pathfinders in Medicine before they were printed in this shape. I consider it an honor to be permitted to preface this book, which will prove a source of instruction and edification both to the profession and the public at large. The author's facts as related are absolutely correct, and the warm-hearted sympathy with which reports of bygone times and men are drawn up, will rouse the reader's enthusiasm and gratitude.

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Summary Gleanings

A fever blister will disapear if touchcd with sweet spirits of niter.

The pulse is usually slow in catarrhal jaundice and fast in gall stone jaundice.

Abdominal pain, vomiting and distension point to intestinal obstruction.

Atropine is said to be of service in the treatment of phosphaturia.

Autogenous vaccines are now being widely used in chronic gonorrheal infections.

If you cannot find a cause for the fever of a child, examine throat, nose and ears carefully.

Stern recommends rice as the ideal form in which to provide carbohydrates to diabetics.

It is said that alcohol acts as a chemical antidote in burns. There is pain for a few minutes.

In serous pleurisy sodium salicylate relieves the pain and causes diaphoresis and diuresis.

Ergotin is good in alcoholics for red nose, dilated capillaries, watery eyes, sweating and œdema.

Picric acid stains can be removed by using a wash of one dram of lithia carbonate in one quart of water.

In urticaria give a teaspoonful of phosphate of soda in water every four hours. Sponge with a solution of hyposulphite of soda.

The treatment of mastitis, when the breasts are very hot, hard, and engorged, is most successful when veratrum viride and phytolacca are given alternately, and cloths wet in a solution of phytolacca are applied.

Fetor of breath may have its source in nose, teeth, tonsils, fauces, dyspepsia, constipation, feted bronchitis, bronchiectasis, gangrene or empyema.

Geraseptol is a compound of oil of pelargonium with farmamine salicylate. It is given in the form of capsules in acute gonorrhea.

Ristin is the monobenzol of ethylenglycol in the form of a 25 per cent. solution. It is recommended as a parasiticide in skin diseases.

Euresol is resorcin mono-acetate. Along with mercuric chloride it is made into a lotion for the treatment of alopecia sebarrhœica.

A white tongue indicates gastric torpor, and suggests alkalies; a red tongue is a sign of intestinal derangement in which acid treatment is indicated.

A few doses of a one per cent. solution of silver nitrate instilled into eyes of newborn children is never harmful, and may prevent an attack of ophthalmia neonatorum.

In the beginning of acute mastitis if the breast is supported by a bandage that pulls in gently upward and inward and hot wet compresses applied relief will often be immediate.

A baby should not be allowed to nurse at the breast if the mother has tuberculosis, chorea, epilepsy or insanity, or if there has been hemorrhage, eclampsia, nephritis or septicemia.

Do not attempt to treat adenoids by astringents or caustics. The Gottstein curette and the Quinlan forceps will remove them thoroughly. The finger of the operator, introduced behind the soft palate into the pharyngeal vault, will not only locate accurately the smallest growth, but will determine when all are removed.

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Is a constitutional and local antiseptic that must be used to be appreciated. Indicated in septicemia, typhoid and puerperal fevers, cancerous cachexia, fermentative dyspepsia, stomatitis, suppurating and infected wounds, boils, eczema and other forms of dyscrasia.

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DOCTOR.—Our prescription for piles and ulceration of the rectum is used in the best sanitariums and prescribed by physicians everywhere. A trial 50c. box sent prepaid for 25c. Dr. Harris Remedy Co., South Bend, Ind.

FOR SALE.—At a bargain, an electrically-lighted general diagnostic outfit, comprising the following instruments: An Auriscope and Nasoscope, Lyrngoscope and Mouth Lamp, Tongue Depresser, General Diagnostic, Illuminator, two Koch Wrothascopes, Interchangeable Light Carrier for same, Rectal Tubes, with Light Carrier, Case, Battery, Rheostat Board and Conducting Cords. The case is substantially made, has metal corners and is morocco covered. Regular price, $40.00; our price for this case, complete, never used, only $20.00. First check takes it; all others will be promptly returned. Address "Medical Summary," 2321 Park Ave., Philadelphia., Pa.

"SLOW ACCOUNTS COLLECTED at average cost of 13 cents, by 'Follow Them Up Yourself' Collection Letters. Outfit for 6 accounts, 50 cents; 25 $1.50; 100 in desk filing cabinet, $6.00. Money back if you are not satisfied. Bankers' & Merchants' Commercial Agency, Independence, Iowa."

THERAPEUTIC HINTS.

Write the Expurgo Manufacturing Company, 838 Wells St., Chicago, for literature concerning diabetes, nephritis and kindred affections.

Is there anything better for chronic constipation than cascara sagrada? Only it should be of an active, dependable quality. See the advertisement of Bristol-Myers, Brooklyn, New York.

When you need a stethoscope get Houston's Akouophone. Write Houston Bros. Co., 51 Randolph St., Chicago, Ill.

Respirazone (Tilden's) is an asthma and hay fever remedy that is not quite generally employed. If you desire samples write the Tilden Company, New Lebanon, N. Y.

Nearly every doctor uses a medicine case or bag. When in need of such write for catalogue of the Chicago Leather Goods Co., 170 N. Lake St., Chicago, Ill.

The doctor's home is not a real home without music in it. We would call SUMMARY readers' attention to the advertisement of Mathushek & Son Piano Company. This firm produces anything in the piano line that might be desired. Their prices will duplicate those of any on the market, and their goods are of the highest quality obtainable.

The name "Mulford" is a guarantee of honesty and reliability. The Mulford serums, antitoxins, bacterins, tuberculins, etc., are known for their dependability. The Mulford laboratories are operated under government license and inspection. Rigid standardization, with bacteriologic and physiologic tests insure uniform reliability in all the products of this house.

Echtisia is a constitutional and local antiseptic indicated in septicemia, typhoid and puerperal fevers, cancerous cachexia, fermenting dyspepsia, stomatitis, suppurating and infected wounds, boils, eczema, and other forms of dyscrasia. It represents echinacea angustifolia, baptistia tinctoria, thuja occidentalis and phytolacca decandra. These are each ideal correctives, alteratives and antiseptics, and their combination makes a remedy that is specific against many pathological states. Echtisia is produced by The Wm. S. Merrell Chemical Company, Cincinnati, Ohio. Write for literature and samples. Mention the SUMMARY when you write.

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FOR SALE—Arizona—to a woman physician; one speaking Spanish preferred; a $6,000 practice per year in a town of 15,000 inhabitants; only woman practitioner; good reasons for selling; investigation invited; will remain one month to introduce buyer; price, $3,000, including office and household furniture; rent $35 per month. Add. Dr. Rosa G. Boldo, P. O. Box 277, Tucson, Aris.

SPECIAL POST GRADUATE COURSE IN SPONDYLOTHERAPY. Physicians desiring to take a Post Graduate Course in Spondylotherapy—as taught by Dr. Albert Abrams—write for terms and full particulars to Dr. Charles F. Anderson, Suite 510, City Nat. Bank Bld'g, Lexington, Kentucky. EACH CLASS LIMITED TO TWELVE.

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THERAPEUTIC HINTS.

A SEVERE BURN.

Dr. H. B. Lee, of Summerville, S. C., writes: My first use of antiphlogistine in burns and scalds was accidental. I was called by telephone to Mr. J.T., aged twenty-seven, weight 180lbs., brickmaker, a steam-pipe having exploded between his legs, scalding him badly. I ordered that no grease of any kind be used, but that cloths soaked in a strong solution of bicarbonate of soda should be laid on the parts till I could get there. I stopped at a drug store to procure another salve I had used in such cases, and by mistake the clerk gave me two boxes of antiphlogistine. When I reached my patient I found him suffering intensely with a big blister extending from crotch to the ankle on the inner side of both legs, at least three inches wide and surrounded by a red inflamed surface two inches wide on each side.

I had used antiphlogistine before in pneumonia and in sprains, so when I found that by mistake this had been sent I decided to try it. I covered the entire injured parts with a thick layed of antiphlogistine (applied cold), put absorbent cotton over all, and after bandaging loosely to keep things in place, took Mr. T. home in my buggy. When I first saw him his face was contorted with pain and he could not suppress the groans that the agony wrung from him, but, as I covered more and more of the burnt surface with the dressing, I could see the expression of pain leaving his face. I gave him some medicine to relieve pain, and when I called again that evening I found he had not touched the anodyne. I asked him why he had not touched his medicine. "Well, doctor," he said, "you told me to take that every two hours while I was in pain, and I have not had any pain."

The next day I let him leave his room, and in three days he was back at work. I did not touch the dressing for five days, and when I took it off the parts had healed entirely.

There are two important points in the use of antiphlogistine. First: put it on thick, thick, thick, using it hot for internal inflammations and cold for burns and scalds. Second: never put cloth over the antiphlogistine, except a thin layer of gauze, if necessary, but put absorbent cotton in thick layers over your first dressing. Don't try to remove it as long as it sticks to the skin, for it will let go as soon as it has done its work. I have used this preparation (antiphlogistine) frequently since then in severe burns and scalds and yet have to meet my first disappointment in its curative power.

Attention is called to our Combination Offer. See advertising page, No. VIII, this issue, and send in your subscription at once.

The Pomeroy Company, 34 East 23rd St., New York, make a specialty of supporting belts. Write for their catalogue. Special prices to physicians.

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GUARANTEED

Designed by Dr. A. E. Gallant

For Use in the Treatment and Prevention of Visceral Ptoses

Prevention of Ptoses and Herina	Post-operative Post-partum Post-Typhoid Separation Recti	Support of Movable Dislocated Dilated	Kidneys Spleen Liver Heart Stomach Colon

Journ. A.M.A., 1908, li, 1568; 1906, xvii, 1357.
Medical Record, July 27, 1907.
N. Y. Med. Journ., Sept. 14, 1907, April 29, 1905.
International Clinics, i, 15th Series, 1906.
American Medicine, 1904, vii, 783.
Internat. Jour. Surg., Jan., Feb., 1903.
Canadian Jour., Med. and Surg., July, 1903.
Therapeutic Gaz., July, 1902.
American Journ. Obstet., July, 1901.
New York State Med. Journ., Jan. 1912, p. 20.

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ATLANTIC CITY

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Hot and Cold Salt and Fresh Water in every Bath

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COAL COST— HOW TO REDUCE IT

REMEMBER the big coal bills of last winter? Coal prices are higher this year. You can off-set this increase, get more comfort and avoid much labor and annoyance if you equip your furnace or boiler with

The JEWELL HEAT CONTROLLER

This automatic regulator controls dampers and drafts—detects and acts on the variation of one degree, preventing over-heating and fuel waste.

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Send today for the book "The House Comfortable"—and folder with the whimsical story of "IMA JEWELL"—Both will interest and surprise you. Send postal NOW to

JEWELL MFG. CO., 50 Green St., Auburn, N.Y.

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Where 18 Railroads meet the Sea

is building a great city whose destiny is linked with the Panama canal. She holds the key to the Gulf that unlocks the gateway, letting in and out the foreign commerce of the world to the greater part of the United States. Fortunes are made here in short time on real estate investments.

ALDINE

is only ten miles from Houston and is one of the most desirable suburban communities for investment or residence, being admirably located as regards soil, water, drainage, schools, markets, transportation. The best fig orchards and largest fig preserving plant in Texas are found here. Orange groves and other fruits and vegetables grow nicely. Poultry and dairy farming, as well as general farming, is successfully conducted here. Lands are now cheap and may be bought on reasonable terms. Small tracts of 5 and 10 acres may be had for small cash payment and balance monthly. Large tracts may be had on usual terms. Titles perfect. Write today for full particulars free.

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Fermented and distilled from a mash made wholly from malted grain, it has none of the odor imparted to liquors by musty, rotten or diseased material. It is aged in especially prepared barrels, acquiring sweetness and body without absorbing the tannic and acetic acids and tar products of the wood.

IT IS A MEDICINAL WHISKEY

Made specially to comply with the test requirements of the United States Pharmacopeia, the fusel oil and other dangerous substances being largely removed in the process of refining. It is rarely used for beverage purposes, yet in purity, quality and wholesomeness it has no superior.

Generous samples and literature sent on application.

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Eliminates Effused Serum

Controls heart action and restores physiological balance between arterial and venous systems.

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in any obstinate case of Dropsy—then judge its merits.

Clinical results
prove Therapeutics.

Trial quantity and literature on request
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Messrs. Thos. Christy & Co., London Agents

THERAPEUTIC HINTS.

Trophonine contains nucleo-albumins and nucleo-proteids and is indicated in stomach disorders. It ranks among our most dependable therapeutic agencies. We wish to call special attention to their new advertisement on fourth page of SUMMARY cover this issue. It will interest you, read it. Literature and samples will be sent you by the producers, Reed & Carnrick, Germania Ave., Jersey City, N. J.

Doctor, if you have not investigated the Phylacogen treatment put forward by Parke, Davis & Company, you should do so. They have a Phylacogen treatment for rheumatism, gonorrhea, erysipelas and mixed infection. The Phylacogen are sterile aqueous solutions of metabolic substances generated by bacteria grown in artificial media. Their use is based on the theory of multiple infections—a principle supported by long practical experience, supplanted by exhaustive clinical work by the author. They are administered hypodermically.

Pepto-Mangan (Gude) is a blood-builder that has been successfully employed in thousands of cases in enemia, chlorosis, malnutrition and blood impoverishment. It is produced by the M. J. Breitenbach Company of New York. Have you not used their little red day book, doctor? Many doctors would be lost without this little book. The editor of the SUMMARY has visited many physicians' offices. At this moment we can't think of one where it was missing.

Sulfothen ointment is a special remedy for the treatment of gonorrhea and prostatitis. and positive results are promised from its use in from 8 to 12 days. Samples and technique to physicins only. Write Dunlap & Company, Detroit, Michigan.

For the purpose of restoring vigor to an organism weakened through a pneumonia or a long continuing bronchitis and thus rendered easily susceptible to a tubercular infection, Cord, Ext. Ol. Morrhuae Comp. (Hagee) possesses value of an easily demonstrated character.

In the preparation of Cord. Ext. Ol. Morrhuae Comp. (Hagee), a process is employed which, while freeing the product from the obnoxious qualities of cod liver oil, retains the elements upon which the therapeutic and food value of the oil depends. This is a point which should be borne in mind in choosing a cod liver oil preparation for patients whose digestive organs are easily deranged.

Of course, while it is in bronchial and pulmonary diseases that Cord. Ext. Ol. Morrhuae Comp. (Hagee) has its greatest field of usefulness, yet its use should not be limited to these diseases alone, for its power as a tissue food insures results from its employment in all conditions marked by decline of strength.

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Anti-tuberculous Anti-strumous

This preparation contains all of the desirable features of Cod Liver Oil and is readily assimilated

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Budwell's Emulsion No. 1

Each Tablespoonful Contains:

Peder Devold's Lofoten, Norway Cod Liver Oil . . 50 per cent.
Iodide of Arsenic . . . . 1-40 grain
Iodide of Calcium . . . . . 1-4 grain
Iodide of Manganese . . . 1-8 grain

INDICATIONS

Incipient Tuberculosis—Chronic Rheumatism — Scrofula — Obstinate Neuralgia — Glandular Swellings — Syphilis — Convalescence from LaGrippe—Chronic Skin Diseases—Infantile Marasmus, especially that caused by Chronic Diarrhoea and Dysentery —Malnutrition or any wasting disease— Neurasthenia—especially recommended for nursing mothers.

Alterative-Nutritive TONIC

The Most Palatable Emulsion Before the Medical Profession.

"Cod Liver Oil is almost an ideal ready-made food." Naumann.

"The cure of tuberculoses is a question of nutrition."—Osler.

"We have no single drug [refering to Arsenic] of equal utility in chronic forms of Phthisis." — Bartholow.

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Each Tablespoonful Contains:

Peder Devold's Lofoten, Norway Cod Liver Oil . . 50 per cent.
Iodide of Arsenic . . . 1-40 grain
Iodide of Calcium . . . . 1-4 grain
Iodide of Manganese . . . 1-8 grain
Purified Guaiacol . . . . . 2 minims
Creosote Carbonate . . . . 2 minims

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Tubercular Diseases — Chronic Throat, Nasal and Bronchial affections—Scrofulous troubles in general.

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A Succedaneum for Calomel

A LIVER STIMULANT PURE AND SIMPLE

Application-Cholagogue, Diuretic, Alterative, Cathartic, Laxative

Cologo is dispensed in chocolate-coated tablets, two and one-half grains each. Dose:—One to three tablets at bedtime Samples, formula and literature furnished Physicians only upon application. Price to Physicians, 150 tablets, by mail $1.00.

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ESTABLISHED 1830.

Made in winter in the Lofaten District of Norway, and imported in sealed cans. Always fresh and sweet.

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Baker's Gelatine Capsules, Cod Liver Oil, Cod Liver Oil and Creosote, etc.

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We solicit the careful consideration of the physicians to the merits of Sal Hepatica in the treatment of Rheumatism, in Constipation and Auto-intoxication, and to its highly important property of cleansing the entire alimentary tract, thereby eliminating and preventing the absorption of irritating toxins and relieving the conditions arising from indiscretion in eating and drinking.

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has long been recognized as a potent factor, not only in the causation of many of the so-called **disorders of metabolism**, but also in the etiology of **countless infections.**

The fundamental importance, therefore, of thorough elimination, not merely from the bowels, but from every cell and tissue, cannot be overestimated.

For this purpose no remedy is so promptly and safely efficient as

BURNHAM'S SOLUBLE IODINE

This remarkable preparation of iodine has opened up a new era in iodine therapy, especially in the management of auto-intoxication and faulty elimination.

So important is Auto-Intoxication from the standpoint of cell elimination that a little booklet has just been prepared on the subject. It is of exceptional value to thinking men, and will be sent to any physician on receipt of request.

BURNHAM SOLUBLE IODINE CO.,
Auburndale, Mass.

THERAPEUTIC HINTS.

If you desire information concerning diabetic foods write for literature of Jireh Diabetic Food Co., 727 7th Ave., New York.

For optical goods write the Oskamp-Nolting Co., Cincinnati, Ohio. See advertisement elsewhere in the SUMMARY.

Fellows' Hypophosphites! We all know it. There is no other "just as good." It is prescribed by thousands of practical physicians. As a tonic and builder in perverted metabolism there is nothing better.

Motor Car Anatomy, is the title of a very instructive and interesting little book for prospective automobile buyers. The regular price of this book is 50 cents, but by addressing the Buckeye Mfg. Co., Anderson, Ind., a copy will be sent you free, if the MEDICAL SUMMARY is mentioned. Send for a copy at once, it is a novelty and will interest you, if you own an automibile now or not.

No materia medica claims that there is any substitute equal to cod liver oil in diseases where the question of nutrition is important. Creosote is the nearest specific for respiratory diseases known to the medical profession, with calcium a close second and guiacol its equal in pulmonary troubles. The value of the iodides as eliminants of dead tissues and correctives of diseased membranes is an established fact. Based on these facts the Budwell Pharmacal Co., of Lynchburg, Va., are offering to the medical profession in their preparation of Budwell's Emulsion of Cod Liver Oil what they claim is a palatable and easily digested 50% emulsion of the best Lofoten Norway cod liver oil, as tasteless as any preparation can be without leaving out the oil, and of great value to the physician in the treatment of diseases where an alterative and nutritive tonic is indicated. The emulsion is put up in two combinations with the remedies specified above, as will be seen by reference to their advertisement on another page.

If there is one medicine universally agreed upon by the profession to be of value in tuberculosis, that remedy is creosote. The difficulties in the administration of this remedy during the past are well known. In its administration in the old way its unpleasant after effects and by-effects outweighed all the salutary results to be expected from it. The Maltbie Chemical Company, of Newark, N. J., has produced a calcium creosote, known as Calcreose, in which the unpleasant elements have been left out. It is a combination of calcium and beechwood creasote, the latter being in the proportion of 50 per cent. It is a remedy that is easily administered and does not irritate the stomach. Calcreose is of much value in many cases of tuberculosis and is always worthy of a trial. It is also of especial value in bronchitis, pneumonia, coughs, colds, la grippe, diarrhea and nearly all conditions in which metabolism is at fault. Write the Maltbie Company for full information concerning this product, and mention the SUMMARY, please.

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THE ATTENTION OF THE MEDICAL PROFESSION IS RESPECTFULLY CALLED TO

Expurgo-Lapis

as an aid in the treatment of **gallstones.** It is a preparation that has been **subjected to scientific tests,** and when "weighed in the balance," it has not "been found wanting." On the other hand, Physicians will find in **Expurgo-Lapis** a pharmaceutical preparation of scientific merit. It is most prompt in its action in cases of **stone in the Bladder or Kidney,** and will be found particularly valuable in **Uric Acid Diathesis.**

KIDNEY STONES

Expurgo-Lapis the new discovery, dissolves and removes Kidney Stones painlessly. An operation is not necessary if this treatment is resorted to. A course of from eight to ten bottles is required to be taken to effect a complete cure.

GRAVEL IN THE BLADDER

Expurgo-Lapis by dissolving and removing the deposits painlessly, will effect a complete Cure in every case, when a course of from eight to ten bottles of the medicine is taken.

Expurgo-Lapis Saves Life, Prevents Operations.

BRIGHT'S DISEASE

In treatment of Bright's Disease, which is unquestionably the most serious malady affecting the Kidneys, **Expurgo-Lapis** may be used to great advantage. Its use should be continued for from six to eight weeks, and, in very acute cases, for a longer time. No other remedy can be compared with it for producing beneficial results in the treatment of this stubborn and generally fatal disease.

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This common and very distressing malady, to abate which external applications in the shape of Plasters and Liniments have hitherto been used with so little effect, is nothing more or less than a symptom of Kidney derangement, which organ, being unable to do its work properly, allows an excess of uric acid to accumulate in the system.

Expurgo-Lapis taken regularly for several weeks, will completely banish the troublesome complaint and restore the Kidneys to their normal working condition.

IF YOUR DRUGGIST WILL NOT SUPPLY YOU SEND DIRECT TO

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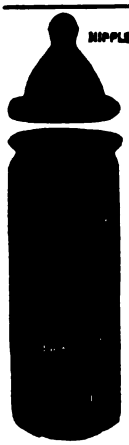

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PRICE COMPLETE 25 CENTS

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Optical Prescription DEPARTMENT IN THE WORLD

OUR OPTICAL CATALOGUE EXPLAINS

The Oskamp-Nolting Co.

MANUFACTURING OPTICIANS

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Sanders & Sons' Eucalyptol

Whenever a true merit of a preparation is authoritatively established, imitation is sure to make its pernicious appearance. To counteract the injurious results of another of these fraudulent proceedings—in this instance affecting firm name and reputation—SANDER & SONS have been compelled to spear to law, and in the action tried before the appeal to law, and in the action tried before the Supreme Court of Victoria, the testimony of a sworn witness revealed the fact that this witness suffered intense irritation from the application to an ulcer of the defendant's product which was palmed off as "just as good" as SANDERS' EUCALYPTOL. SANDER & SONS had the satisfaction to obtain a verdict with costs against this imitator, who is perpetually restrained from continuing his malpractice.

Dr. Owen in a report to the Medical Society of Victoria, and Dr. I. Benjamin, in the Lancet, London, both denounced, as others did before, on the strength of negative results, the application of unspecified eucalyptus products.

This forms convincing proof that only an authoritatively sanctioned article can be relied upon.

SANDER & SONS' EUCALYPTOL
(Eucalypti Extract)

1. Has stood the test of Government investigation.
2. It was proved at the Supreme Court of Victoria by experts to be an absolutely pure and scientifically standardized preparation.
3. It is honored by Royal patronage.
4. It always produced definite therapeutic results.

Therefore, to safeguard the physicians' interests and to protect their patients we earnestly request to specify "Sander's EUCALYPTOL" when prescribing eucalyptus.

The Meyer Bros. Drug Co., St. Louis, Mo., agents, will forward one original package (1 oz.) on receipt of One Dollar.

SANDER & SONS, Bendigo, Australia.

THERAPEUTIC HINTS.

THE BOWEL TOILET IN WINTER.—In winter, fully as much as in summer, the physician should watch the condition of the intestinal canal. With the constant changes of temperature, which are likely to occur at this time in going from heated rooms out of doors, or during the exposures to drafts which are constantly occuring, these alternate chillings of the skin and congestions of the internal organs help to produce colds, sore throats, bronchitis, pneumonia, etc..

To prevent these diseases, as well as in curing them, the first essential is to "keep the bowels open." A quickly acting laxative will often cure, and will always alleviate a cold if given promptly. For this purpose there is nothing superior to Abbott's Saline Laxative. It acts quickly, pleasantly and thoroughly. It helps restore the circulatory equilibrium, withdrawing the blood from the congested respiratory organs. By cleaning out the intestinal waste, it removes the poisons contributing so much to the etiology of all diseases—the intestinal poisons. And so, associated with the W-A Intestinal Antiseptics, it should make an essential part in the treatment of all acute ailments.

Doctor, try Abbott's Saline Laxative. Use it in winter and in summer—all the year through.

Salithia is successfully used in rheumatic conditions.

LITERARY NOTES.

An article of great interest and value to women is published in the February "Women's Home Companion." It is an account of the Housewives' League, an organization of 500,000 women, which, in two years, has developed to the point where it is actually assisting hundreds of thousands of housewives in the United States to reduce the cost of living. One of its great contentions is that women should study the market reports in the newspapers in order to get information about prices which will enable them to buy intelligently when they come to deal with tradesmen. The article shows how the plan may be carried out in any town or city in the United States.

The February "American Magazine" contains a wonderful letter by Allan Pinkerton never before published, in which the famous detective relates his connection with the first plot to assassinate Lincoln. Lincoln was on his way to Washington in February, 1861, and the plan was to kill him in Baltimore while he was passing through that city on the way to Washington, where he was to be inaugurated. Pinkerton discovered the plot, saved Lincoln's life, and tells the whole story in this letter, which was written in 1866, but never reached the public until "The American Magazine" got hold of it.

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For Opium, Morphine, Cocaine and Other Drug Addictions, Including Alcohol and Special Nervous Cases

Methods easy, regular, humane. Good heat, light, water, help, board, etc. Number limited to 44. A well kept home.

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Treat your alcoholics in their own homes with **THE WHITE CROSS TREATMENT.**

A successful three-day treatment sold only through the profession. **THE WHITE CROSS TREATMENT** does not contain **ALCOHOL** or any **HABIT-FORMING DRUGS.** It is not a substitute but a **SPECIFIC** for **INEBRIETY.** Prescribed and endorsed by leading physicians. For 22 years I have specialized in the practice of **LIQUOR, DRUG** and **TOBACCO ADDICTIONS.**

My booklets, "The Treatment of Inebriety by the General Practitioner" and "A Romance From the Files," sent upon request.

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A Maternity Home

which is run in an ethical and Christian manner. We do no abortion work. Our home is run in a quiet and orderly manner. We assist patients in keeping their baby when they are in a position to do so. If not we find the infant a home and keep full records as to its disposition, and in all things comply with the law and ordinances.

We invite Physicians to visit our place. Make full investigation before sending us patients. We meet patients at the train and look after them carefully while under our care.

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For Mental and Nervous Diseases
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Splendid location overlooking Long Island Sound and City. Facilities for care and treatment unsurpassed.

Separate Department for cases of Inebriety.
Fifty minutes from New York City.

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Established 1894

A Strictly Private Home Retreat for Unmarried Girls and Women during Pregnancy and Confinement, with best Medical Care, Nursing and Protection. A Home found for the infant by Adoption. All publicity avoided. Our business is conducted in a strictly ethical, honorable and Christian manner. We take patients at any time, meet them at train, guard and protect them while under our care. Our prices are reasonable. For Descriptive Circulars, Prices and Terms address

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For Thirty Years

Vaporized Cresolene

has held its position as a valuable remedy for the bronchial diseases of childhood.

It is particularly useful in the treatment of the very young.

Cresolene is indicated in Whooping Cough, Croup, Bronchitis, Asthma, Coughs and the bronchial complications incident to Scarlet Fever and Measles.

Vaporized Cresolene is destructive to Diphtheria bacilli and may be advantageously used in connection with the treatment of this disease.

Let us send you our descriptive and test booklet which gives liberal sample offer.

THE VAPO-CRESOLENE CO., 62 Cortlandt Street, NEW YORK. Leeming-Miles Building, Montreal, Canada

DOWD'S COMP. PHOSPHORUS TONIC—

THE MOST POWERFUL NERVE AND SYSTEMIC TONIC KNOWN.

This tonic contains phosphorus in its free state, in ocombination with Nux Vomica, Ignatia and Cannabis Indica. (Phosphorus, as a drug, is only of value when given in its free state). It gives results in 90 per cent. of Nerve and 80 per cent. of all conditions of illness. As a reconstructive it has no equal.

Used by the most celebrated medical men, Hospitals and Sanitariums in America (see reports by Clemesha, Ring, Talbot, Kelly, MacPherson, Smith and other authorities).

DOSE—30 DROPS IN MILK THREE TIMES DAILY. Literature on application.

THE RICHARDSON CO., 334 Franklin St. dispensed any pharmacy Buffalo, N. Y., U.S.A.

THANK YOU!

We are grateful to the 5246 physicians in America and foreign countries who have ordered

HUSTON'S AKOUOPHONE

All reports enthusiastic as to its diagnostic value. Finer discrimination of sounds than any other auscultatory instrument. Its Acoustic Rheotome exaggerates sounds and graduates the accentuations as desired to contrast the differential features of various sound vibrations. Ready identification of pulmonary lesions and cardiac murmurs. Registers with absolute accuracy all sounds IN ANY PART OF BODY.

Price $ .50

Pat. Jan. '10.

Carry in Vest Pocket Like a Watch.

In handsome leather pouch.

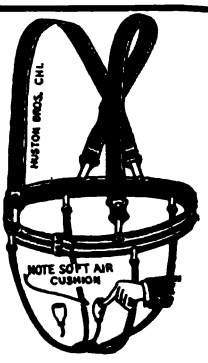
FREE TRIAL OFFER

Send $3.50 with order, use for 10 days, return if dissatisfied and we will refund your money.

HUSTON BROS. CO 51 RANDOLPH ST. CHICAGO

CONSERVATIVE GYNECOLOGY

Huston-Bairds Air Cushion Pessary gives proper vaginal and uterine support. Permanent immunity from troublesome symptoms. Especially designed for cases of procidentia, prolapsus, retroversion, etc.



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RUBBER GLOVES AT $6.50 PER DOZEN

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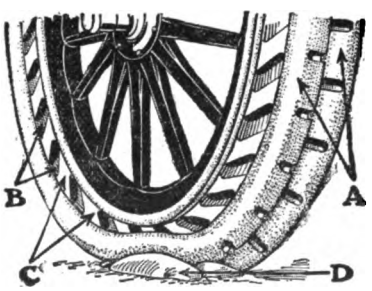

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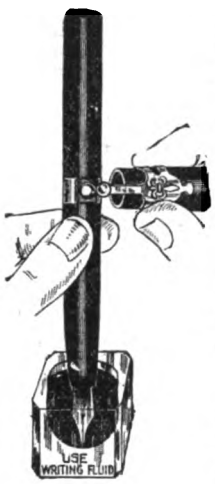

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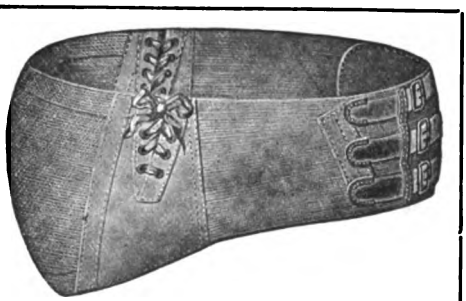

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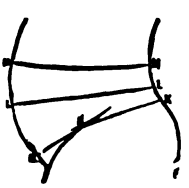

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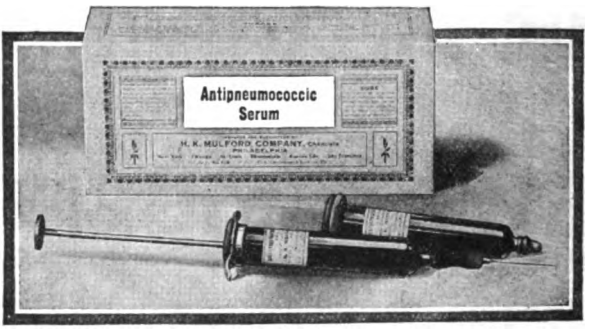

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